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ARTICLE XIX.

SANITARY CONDITION AND WANTS OF CHICAGO.

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In the April number of the CHICAGO MEDICAL EXAMINER, I made some observations on the Metropolitan Health Bill, for the City of New York, then under discussion in the Legislature of that State.

What was then said in relation to New York, applies equally well to Chicago.

This is, not only, the great Commercial Metropolis of the North-west, inviting and receiving stated visits from merchants and traders in almost every town throughout this vast region; but its immense grain and lumber trade, brings it into almost equally extensive and direct contact with the agricultural population; while its Commercial Colleges, Theological Seminaries, Universities, and Medical Colleges, make it no less a resort for Students.

All these classes are directly interested in the sanitary condition and health of this city; first, individually, during their visits and stay here; and second, from their liability to receive and convey to their respective localities, whatever infectious or

contagious diseases they may come in contact with while in the city. The naturally low and level condition of the city plot has given the locallity a traditionary character for unhealthiness, and an aspect, much of the year, calculated to strike the eye of strangers unfavorably. While the raising of the grade and the paving of the principal business streets has much improved their appearance; yet even this has left many vacant lots so much below the streets with a wet and dirty appearance that the impression of unhealthiness made upon strangers has scarcely been diminished. Let us go in whatever direction we may, whenever our city becomes the subject of conversation, unfavorable opinions in regard to its sanitary condition, founded on a simple passing observation of the circumstances to which we have alluded, are freely and confidently expressed. It matters not how erroneous these opinions may be in fact, they are efficient in detering strangers from choosing our city for residence, unless strongly impelled by purely business considerations.

It is thus evident, that strangers, non-resident business men holding frequent intercourse with us, students seeking education in our schools, and residents, are all directly interested in both the real and apparent sanitary condition of this city. We say *real* and *apparent* sanitary condition, because as we shall endeavor to show, there is a wide difference between the two; and yet both are worthy of careful consideration. There is no doubt but the location of Chicago, in its natural or unimproved state was unhealthy. When it was a mere trading post or military station known as Fort Dearborn, statistics show that there was an annual average number of attacks of malarious fevers, equal to 250 cases for evers 1000 inhabitants, and diarrhœa and dysentery prevailed in equal ratio.

It is well known that these endemic diseases continued to prevail annually, with but little amelioration until 1849. In the spring of that year, epidemic cholera made its appearance for the second time in this country. And the inhabitants of this city, then numbering but little more than 28,000, suffered as severely from that disease as almost any other, except those of New Orleans.

While this much dreaded scourge disappeared from nearly all the other cities of our country with the years 1849 and 1850, it continued to recur here, with considerable severity, during the summers of 1850, 1, 2, and 4. It is perfectly natural that all these facts, concurring with the natural appearance of the locality, should give it a very unfavorable sanitary reputation, both at home and abroad. Since 1854, an extensive system of sewers have been constructed, and the wholesome water of the Lake, which was previously supplied to only a small part of the city, has been carried to almost every part of it. The accumulation of vegetable matter on the surface of the prairie, surrounding the city on three sides, has been prevented by feeding and mowing, while the excess of water has been greatly diminished by ditching. These improvements, while effecting comparatively little change in the appearances which would strike a stranger or temporary visitor, have nevertheless produced a great change in the actual Sanitary condition of the city. The most reliable statistics accessible show that the annual ratio of mortality for the seven years ending with Dec. 31, 1854, was more than 1 in 30 of the population, while for the seven years intervening since that date, the average annual ratio of mortality has been less than 1 in 40. Thus making it, for the latter period, almost equal to that of the most healthy cities of the Union. It is true, that the common practice of measuring the sanitary condition of any community by the number of deaths in proportion to the population, is not entirely reliable. Because some diseases, as intermittent fever, catarrhal inflammations, and rheumatism, may be very prevalent annually and yet produce very few deaths; while other diseases, as pulmonary consumption, typhoid fever, and dysentery, would give a far greater number of deaths in proportion to the number of cases. But from close observation and constant practice in this city during the last thirteen years, I am sure that by both the tests just indicated, its sanitary condition will be found to have greatly improved during the last half of that time. Notwithstanding this, however, it is apparent to every intelligent physician, that still greater improvements are not only practicable, but imperatively demanded by

the welfare of the citizens and the reputation of this as the Commercial Metropolis of the North-west. I will endeavor, as briefly as possible, to point out the more important of the improvements, and the measures which should be adopted for effecting them.

1st. Our system of sewerage should be rendered more efficient and valuable, by compelling the owners of vacant lots to so connect them with the street sewers as to cause a prompt removal of all the water falling on the surface of such lots; and by rigidly requiring all owners of houses to keep the rear of their lots, and especially the surface immediately under the houses, constantly free from standing water, by means of permanent connection with the street sewers. The splashing of water under the loose planks of the side-walks, the mud, and puddles of green water in the gutters, may impress the visitor or mere superficial observer, with a horrid idea of the salubrity of the city, but those are really almost harmless when compared with the surface water which is allowed to saturate the soil in the rear of, and under the dwellings; and in the latter place, often to stand in pools two-thirds of the year. It is from this source that the invisible aqueous vapor rises through the floors, dampening bedding, clothing, books, everything, indeed, in the house; and in the warm season, causing such things as are not in constant use, not only to become damp, but often also covered with a vegetable fungus, called "mould."

I am satisfied that much of the severe sickness which has occurred in this city, during former years, has originated directly from this source. Since the construction of permanent sewers, the evil has been greatly diminished; but a careful inspection will show that property owners are still, in many instances, extremely negligent in regard to this matter.

2d. Another improvement, closely allied to the foregoing, should consist in requiring the street commissioners to have all ditches, gutters, and entrances to cesspools and sewers carefully and thoroughly cleared of obstructions as soon as the frost is out of the way in the spring. The constant neglect of this, is really the cause of retaining much of the water, not only in

the ditches, but on the surface of lots, and under side-walks and dwellings, until it is re-evaporated by the early summer heat. For years this matter has been almost entirely neglected throughout the city, except in the central business streets, until so late in the season that the oppressive mud of the ditches often mixed with the refuse of the kitchens, shoveled out upon the streets became at once exposed to a summer sun sufficiently hot to effect rapid decomposition, and fill the air with more offensive effluvia than though it had been left undisturbed. When ample facilities are given for the rapid escape of water, every shower through the spring and summer only tends to cleanse and purify the surface of the streets, alleys, and yards, while at the same time it flushes and washes out the sewers. But if the water is retained on the surface until it escapes by evaporation, it mascerates whatever decaying material exists, either on the surface or in the soil, and the rising vapor carries with it the products of decomposition to impregnate the air, and become an efficient cause of disease.

3d. In connection with sewers there is another item worthy of careful attention. It is the escape of offensive gases from the outlets and other openings of the sewers, in such quantity as to render the whole air of the vicinity extremely offensive to the smell, if not otherwise injurious. This is a matter particularly calculated to produce an unfavorable impression on strangers and recent residents. The turning of all these offensive gases into the river, has undoubtedly aided in producing its present impure and offensive condition. So far as the ordinary sewers contribute to this offensive condition of the river, I think the evil can be greatly mitigated, if not entirely removed, by a very simple process. It is well known that charcoal will absorb and render odorless, large quantities of the most offensive gases. Hence if all the main sewers were supplied, at proper distances, with grated ventilators, so constructed that a bushel of charcoal could be placed in each ventilator, the gases generated in the sewers, instead of being forced on to their exit in the river, would escape as fast as generated, through the charcoal in the ventilators and be thereby rendered both odorless and harmless.

The charcoal in the grates could be readily changed as often as experience should prove it to be necessary. This arrangement, with the attention to clearing of the street gutters, ditches, cesspools already described, and a little more attention to the frequent flushing of sewers by fresh water from the fire hydrants, would effectually and permanently secure the river and the city from injury by our system of sewerage.

I am, by no means, disposed to attribute the present black and extremely offensive condition of the water in the river, altogether, to impurities derived from the street sewers. First, because there is nothing in the nature or composition of the ordinary sewerage matter that could impart the peculiar black color at present seen in the river water. Second, because neither the extent nor connections of the street sewers have been materially altered for the last *two* years; and yet the present peculiar condition of the river was not manifested until the last four or five months. Third, because there are other sources of the most foul impurities that require a very rigid investigation.

The most important of these sources are: the slaughter-houses, the hog-yards, and the distilleries located on the two branches of the river; and the waste water saturated with sulphurous gases from the gas-works. From direct inquiries, I am satisfied that most if not all those engaged in slaughtering and meat-packing, on the river branches, intend to have both the blood and offal carried entirely away from the river, but it is to be feared that those who are entrusted to do the work, carelessly allow much to enter the river which should have been excluded. The city cannot exercise too vigilant a supervision of these establishments; and certainly no hog or cattle yards connected with distilleries should be allowed in such positions as to turn their offensive refuse into the water.

If all these controllable sources of filth and putrefaction had been guarded against by an efficient system of supervision—if the street gutters, ditches, and cesspools had been kept thoroughly free—if the sewers had been properly ventilated with the aid of charcoal; and if regular attention had been given to stated flushing of the sewers by fresh water from the hydrants,

the river would not at this time present the horribly offensive condition in which it really is. Yet it is highly probable that other and additional means for maintaining the purity and healthfulness of the river must now be resorted to. In devising such additional means, the two all-important objects are, efficiency and permanence. To secure the first, it is necessary that a current should be established and maintained, sufficient to clear the channel of the river from all foul deposits. Four methods of doing this have been suggested.

First, it has been proposed to construct a dam across the branches of the river, with a suitable gateway; and when a sufficient *head* of water has been raised, open the gateway and let the water above suddenly sweep out the channel.

There are two fatal objections to this proposition. In the first place, there is no point on either branch of the river where a dam could be made to raise the water to a sufficient height for the purpose, without overflowing the banks and the prairie, so as to create a greater evil than the one for which it is to constitute a remedy.

In the second place, the small amount of water flowing into either branch during July, August, and September, (the very time when flushing is most needed,) would render it wholly unreliable as a source of supply at that season of the year.

The second proposition is to open a communication between the North Branch and the Desplains River, by which enough of the water of the Desplains should be turned into the North Branch, to maintain an efficient current towards its mouth.

This proposition involves two inquiries:

1st. Is the supply of water through the Desplains at such a level, and always in such *quantity*, as to insure the needed current in our river?

2d. Would the diversion of the water, sufficient for our purpose, from the Desplains interfere with the just rights and privileges of the inhabitants occupying the district of country through which that river runs?

We have not the result of actual surveys before us, in regard to the relative height of the Desplains and the North Branch of

the Chicago River, but assuming that the former is sufficiently elevated, is its supply of water abundant at all seasons of the year? We fear not. For in the dryest part of every summer and autumn, the water in its channel becomes so low that if the whole was turned into the North Branch its presence would hardly be felt; and yet that is the very season when we need the most efficient supply for the purpose of purifying our river.

If at such a season of the year, all the water of the Desplains is turned from its natural channel, it would doubtless prove a serious loss and inconvenience to all the inhabitants living near it, below the point of diversion.

Without any certainty of obtaining a sufficient amount of pure water at the season of the year when most needed, and the strong probability of meeting opposition and perhaps expensive litigation, we think the proposition to interfere with the natural course of the water in the Desplains scarcely worthy of serious consideration.

The *third* remedy which has been proposed for relieving the river of its offensiveness, is, to open a channel sufficiently deep for the current of water to be permanently changed from the South Branch of the Chicago River, southward to the Illinois River; thereby converting our river into an outlet instead of an inlet to the Lake.

The proposition which is being urged upon Congress, to construct a Ship Canal, connecting the Lake at this point with the Illinois River, has been looked to with hope for the practical accomplishment of this plan or remedy. The construction of a Ship Canal, however, is a work requiring several years for its completion, and the expenditure of many millions of dollars; and is altogether too remote and uncertain to be relied upon as a sanitary measure for this city.

The *fourth* plan for keeping the river free from offensiveness, is that proposed as a part of the original system of sewerage. It consists in opening a channel from the Lake to the South Branch of the river, as far south as practicable, through which an abundant supply of water, to flush and purify the river, can be at all times furnished from the Lake, by means of a stationary engine and elevating water-wheel.

This plan has the advantage of being certainly effectual in its results; of being always fully under the control of the proper authorities of the city; and of not involving an expenditure of money greater than the city could bear.

These advantages are certainly sufficient to give it the preference over all other projects, as a permanent measure for preserving a proper sanitary condition of the Chicago River.

If the measures already alluded to in this report, for keeping the street gutters, ditches, lot and house drains always clean and free from obstructions; the main sewers properly ventilated and flushed at suitable intervals of time from the street hydrants; the cattle and hog yards connected with distilleries removed from the banks of the river branches; *the immense amount of sulphurous gases turned from the gas-works into the Monroe Street sewer, stopped;** and the sand-bar at the mouth of the river dredged out, so as to permit a more free channel, not only for commerce, but for the egress and ingress of currents of water, there would be very little need of any other special means for preserving a proper sanitary condition of our river, at least for some years to come. But if such special or extra means should be found necessary, then a water-wheel, like the one at Bridgeport for feeding the canal, and an engine sufficient to move it, with a channel from the Lake to the South Branch of the river, would constitute the most efficient, permanent, and economical plan that could be devised for that purpose.

4th. Next in importance to an improvement in the condition of the river, is the furnishing of a purer quality of water throughout the city for ordinary use. The water of Lake Michigan, when properly obtained, is as pure and wholesome as is to be found in any part of the world. By the present arrangement of the Water Works, however, the water is taken from the Lake so near the shore and so far within the densely populated part of the city, that it not only becomes riley with every storm, but it often becomes perceptibly impregnated with

* We have not any doubt but the greater part of the offensive smell, and the peculiar black color of the river water during the present season, is derived from the refuse of the Gas-works, which was last autumn turned into the Monroe Street sewer.

the offensive effluvia escaping from the mouth of the river. This should be immediately remedied, either by extending the supply-pipe much farther into the Lake, or along the shore to some point north of the old cemetery, the neighborhood of which should be thoroughly guarded by efficient legislative enactment, against the present or future establishment of distilleries, breweries, slaughter-houses, cattle-pens, or any kind of manufacturing business that could possibly affect the purity of the water.

5th. Another improvement of great importance bearing on the sanitary condition of the city, would be the rigid enforcement of the ordinance requiring in all cases a certificate showing the name, age, residence, and cause of death, before a body could be *interred* in any of the cemeteries connected with the city. The system or practice at present pursued by the City Sexton, is perfectly valueless for all purposes, except merely the gross number of deaths. If the ordinance requiring certificates to be procured was rigidly enforced, and the certificates immediately returned to some one, not only competent to judge whether they were properly made, but also capable of tabulating them correctly at proper intervals, we could soon ascertain both the absolute and relative healthiness of every street, ward, or district in the city. Statistics thus prepared would not only be valuable to sanitary science generally, but would render invaluable aid in ferreting out, and removing from among us, the active causes of disease and death. Of course, the statistics thus obtained, together with a full report on the sanitary condition of the city, and the means for improving it, should be made to the Mayor and Council, at least once a-year.

I know of no city, except *Chicago*, with a population of more than 110,000, that has neither a health officer, board of health, or any other official sanitary organization. Not long since, one of our daily morning papers contained a whole column of editorial, founded on the supposition that there was no provision for medical attention to the sick poor of the city, and calling on the Mayor to appoint a "City Physician" for that purpose. That editorial was altogether erroneous.

The poor of the city, whether sick or well, belong to the County of Cook, and are exclusively under the care of the Board of Supervisors. That Board has for several years past, appointed two physicians; one to reside at or near the county poor-house, and attend the inmates of that institution, and another, resident of this city, whose duty it is specially to attend such sick poor within the city as are entitled to aid from the county.

These are certainly medical officers enough to take care of the *sick poor*, and consequently we want no "City Physician" on their account.

What the city does need, however, for the purpose of ensuring efficient attention to the important matters discussed in this report, is a thoroughly competent Medical Health Officer, whose duty it should be to keep up a constant inspection and supervision of everything relating to the sanitary condition and mortality of the city. He should be required to report to the Mayor and Council promptly, all matters requiring special or immediate attention, and make a general report, suitable for publication, once a-year. To him all certificates of death should be returned, that the statistics furnished thereby might be included in his annual report. He should be selected solely with reference to his thorough qualifications as a Sanitary Superintendent and adviser, without the slightest reference to his political opinions or party attachments. Such an officer would be of inestimable value to the city.

ARTICLE XX.

FATTY DEGENERATION OF THE KIDNEYS. CARDIAC HYPERTROPHY. DEATH. AUTOPSY.

BY JAMES P. ROSS, M.D.

Read before the Chicago Medical Society.

A. L., aged 27, born in Germany, was admitted into the Chicago City Hospital, Feb. 8, 1860. In Nov. 1859, he firs

consulted his family physician, Dr. Ernst Smith. At that time he complained of frequent and severe palpitations of the heart, great mental anxiety, and almost entire loss of sight. The treatment consisted in mild derivations and tr. verat. verid. internally, with the tr. iodine and digitalis externally, over the region of the heart. This treatment was continued for one month, affording considerable relief. At this time, the disease assumed the characteristics of a severe remittent bilious attack. In addition, there were slight convulsions, affecting principally the upper extremities, with mental aberrations; cardiac symptoms somewhat lessened; the urine deposited a reddish sediment, but no trace of albumen. Cold to the head, quinine, and mild laxatives, constituted the principal part of the treatment. During the latter part of January, 1860, another similar attack supervened. At this time, the convulsions assumed an epileptiform character, lasting from 10 to 30 minutes, and recurring as often as once every 4 or 6 hours, with delirium intervening. A second examination of the urine failed to detect any trace of albumen. Feb. 8th, was admitted into the City Hospital.

On admission, the patient was delirious a greater portion of the time; sleepless; countenance suffused; eyes injected; and appetite capricious. The apex of the heart beat between the sixth and seventh ribs, three and a half inches from the sternum; impulse full and diffused; cardiac dulness three inches transversely; heart sounds normal. The urine deposited a reddish sediment, was normal in quantity; sp. gr. 1012°; and free from albumen. Ordered blue mass, aloes, and ipecac every six hours, until free movements of the bowels should be produced. Feb. 12, bowels freely moved; mental derangement somewhat less. Ordered sul. quiniæ, grs. iii.; sul. morphia, gr. ¼, every four hours.

Feb. 14. Constant delirium, with sleeplessness. Ordered sul. ether and laudanum sufficient to quiet the restlessness.

Feb. 16. Delirum less violent; bowels constipated. Ordered a cathartic of castor oil and turpentine, to be followed by iodide of potass, 10 grs. *ter die.*

Feb. 21. Had a slight convulsion, lasting about 10 minutes.

Feb. 23. More rational; sleeps most of the time during the day, and wakeful at night.

Feb. 25. Complains of pain in the head; tightness across the chest; no appetite; bowels costive; no albumen in the urine. Ordered a cathartic.

Feb. 28. Patient rational.

March, 3. Delirium for the last two days. Ordered ext. hyosciam. grs. iii. and prot. iodid. hydrarg. gr. ¼, *ter die.*

March 8. Patient rational during the day, delirious at night, and complains of pain in the head. Ordered a blister to the neck, and continue the pills. This treatment was continued until the 21st inst. When he had so far recovered as to be dismissed at his own request.

On the 19th of May—nearly two months after his discharge, he was re-admitted into the Hospital for further treatment. At this time the pulse was 91, and feeble; the countenance waxy in appearance, and puffy; in addition, there was dyspnœa, and expectoration of a reddish brown tenacious sputum; no dulness on percussion; on auscultation, coarse crepitation heard over both lungs, with sibilant and sonorous ronchi. Ordered a cathartic, followed by calomel, ipecac, and bloodroot, every three hours. A blister over the left lung, posteriorly.

May 21. Dyspnœa less; expectoration copious; bowels free.

May 22. Slight delirium; urine pale and scanty. Ordered squills, digitalis, and bloodroot, each one grain, every four hours.

May 23. Delirium less; dyspnœa increased; pulse 108; urine scanty. Continue same treatment, with the addition of one grain of calomel to each powder.

May 24. Convulsions all night. Died comatose at 6 o'clock A.M.

AUTOPSY THIRTY HOURS AFTER DEATH.

Thorax.—Old adhesions of the left pleura, the right normal. Left lung crepitant throughout; bronchial mucous membrane of deep red color and thickened. The right lung presented much the same appearance, but in a minor degree. Heart enlarged; weight 16 ounces; walls of left ventricle almost one inch in thickness; valves perfectly normal. *Abdomen.*—Liver large,

but healthy. Left kidney atrophied; surface corrugated; corttical substance nearly destroyed. Right kidney normal in size, pale and fatty. Other abdominal organs healthy. *Brain*, normal.

Remarks.—In the light which the *post mortem* gives the above case, there is no difficulty in making a correct diagnosis. During the lifetime of the patient, from the facts elicited, no certainty could be arrived at. There was almost an entire absence of symptoms directing the attention to the kidneys as the organs involved. The urine was twice tested with heat and nitric acid before the patient was admitted into the Hospital, and twice afterwards, without showing a trace of albumen.

This case is interesting as affording several points of interest not usually present in this disease. First. The absence of albumen. Second. Absence of dropsy. Third. Cardiac hypertrophy without valvular lesion. Fourth. Persistent mania with occasional blindness.

In the beginning the morbid process in the kidneys was fatty degeneration of the gland cells. This rendered them unfit for the performance of their function—the secretion of the urinary ingredients. And when so much of the secreting structure of the kidneys became involved that blood was not depurated of these ingredients, congestion of the intertubular capillaries ensued. This congestion proceeding backward of the Malpighian bodies gave rise to exudation of serum (containing albumen) into the uriniferous tubes, and at an early period of the affection, albumen probably could have been detected in the urine. But during the progress of the disease, thickening occurred in the walls of the Malpighian bodies, preventing this transudation of serum and consequent detection of albumen. This thickening of the Malpighian bodies not necessarily lessening the flow of water, we had in the above case the normal daily discharge. and as dropsy occurs inversely in proportion to the amount of liquid discharged, we are furnished one reason for its absence. But renal dropsy has other elements entering into its production. A watery condition of the blood,—the retention of morbific materials in the systemic circulation, act as agents in its production. In the above case, no doubt, the presence of the retained

urinary excrement tended to the production of dropsy, but so gradually did it occur that a compensating process was established in the centre of the systemic circulation, and its occurrence prevented. It is a well established fact, that obstruction in the lungs produces hypertrophy of the right ventricle; and so may obstruction in the systemic circulation give rise to hypertrophy of the left cavities of the heart.

The mania, blindness, and convulsions will be readily attributed to the poisonous action of the urinary excrement upon the nervous centres. The vertigo and convulsions were occasional, the delirium unusually persistent, continuing for months, and, no doubt, the forcible action of the heart contributed to its production. The nervous system gave the leading symptoms. To review the chain of morbid processes in the case we have:

I. Fatty degeneration of the secreting cells of the kidneys.

II. Retention in the blood of urinary excrement, producing: 1st. Congestion in the kidneys, with the conservative process of thickening of the coats of the vessels, by which the exudation of albumen was impeded; 2d. Obstruction in the systemic capillaries, with the conservative process of cardiac hypertrophy preventing congestion and dropsical effusion.

III. Cardiac hypertrophy and morbid blood combining to produce the delirium, blindness, and convulsions.

ARTICLE XXI.

STRYCHNIA IN HABITUAL CONSTIPATION.

By E. H. NEYMAN, M.D., Cedar Bluffs, Iowa.

The cogency of circumstances render the occupation of many students, mechanics, and men of business and letters necessarily sedentary. It is here we find habitual constipates most frequently; to appreciate how frequently, it is only necessary to glance at the enormous quantity of patent pills vended by empirics, for the cure of this disorder. It is with the hope of cor-

recting this wholesale use of cathartics that this communication is written.

Etiology.—It is only by a true understanding of the nature of disease that we can come to any rational mode of treatment. And rationalism—initiated by Descartes—must be the foundation of medicine. Without this, medicine ceases to rank as a science, for it ceases to have any sound or permanent basis. Constipation may arise from these causes:—

1st. Deficient contractility in the intestinal muscular coat.

2d. Deficient secretion; *a*, mucus, *b*, biliary.

3d. Obstruction of the passage of bile, by biliary calculi or other foreign matter, in the ductus communis cholidocus; by inflammation and œdema of intestinal orifice of bile duct; or by polypi.

Of these the second produces temporary but seldom, I conceive, permanent habitual constipation; the third is very rare; the first, then, must cover by far the greater number of cases. Let us take a brief peep into the region of pathology, and see what theory says in respect to this vast catharticism. Tonicity and irritability are the two inherent characteristics of muscular fibre. On this tonicity depends the vigor, and on the irritability its readiness, to react under various stimuli. What, in reference to these two functions, is the condition of the muscular coat of the intestine? Its tone and irritability are impaired; it fails to take cognizance of its natural stimulus, the feces. This lack of peristaltic action, constitutes a state of semi-paralysis. The property of healthy irritability has very narrow boundaries; if exhausted by over stimulation, recovery, under disease, is made still more doubtful. The vital stimuli, air, food, etc., renovate the tissues without exhaustion, but cathartics, while they may cause reaction, never directly increase vital force. If stimulation is the primary result, its good effects are lost in secondary sedation. If the intestine is stimulated into a renewed action, it subsequently relaxes into greater torpidity. These principles which regulate the action of medicines and pharmacological substances, are well understood by the profession. If, after the administration of a cathartic, we could re-

move the sedentary habits, substitute proper healthful exercise, pure air, laxative diet, etc., to raise the depressed vital power to a healthy standard, until the lagging recuperative powers could establish its permanency, all would be well. But this, in the greater number of cases, is impossible; the patient's avocation is sedentary, and on that he depends for his own and the sustenance of his family.

Pathology.—From what has been said under the head Etiology, it is clear, we think, that the pathological condition present, is deficiency in tone and irritability of the intestinal muscular coat.

Symptoms.—Deficient defecation, of course, is the certain index, but there are symptoms which are obscure. A. will complain that he is bilious; B. of dull, constant, and distressing cephalalgia; C. of an inability to apply himself closely to his studies; D. that he "aches all over," etc.; all of whom will apply for remedies for these symptoms, as one is more prominent than another, when, the fact is, all are suffering from the same disease.

Prevention.—"An ounce of prevention is worth a pound of cure." We must abstain from erroneous habits, use a vegetable diet, coarse bread, exercise in the open air, and above all, attend promptly to the calls for defecation.

Treatment.—Cathartics have been resorted to by the profession generally. To illustrate their deleterious effects we will suppose a case. A.'s habits are sedentary, there is engendered a torpidity of the intestine, which brings on a train of distressing symptoms; it wont do to depend upon nature, she is inadequate; healthful exercise is impossible; coarse diet insufficient; it wont do to wait—*rusticus expectat dum defluat amnis.* A physician is consulted, who either recommends some favorite patent nostrum—through convenience, or prescribes a dose of comp. cath. pills. The torpid and forgetful intestine is stimulated into an increased action, a copious evacuation is the result of its primary operation. The difficulty is corrected for the time, but the debility is increased, and it is soon found necessary to renew the stimulus, each successive dose multiplying the

difficulty, and rendering the period between the doses shorter, so that at first it was only required simi-yearly, it becomes monthly, weekly, nay, every evacuation has to be solicited by some cathartic. So that, although it may be capable of unloading the intestine, and relieving the present difficulty, it but increases the cause.

If cathartics are so contra-indicated, what shall we say of laxative fruits, beverages, and aliment? These we believe to possess a different *modus operandi* from cathartics. Some act mechanically, others by being easy of digestion, still others by imparting tone to the gut. If some act similar to cathartics, their stimulation is of minor degree, as also their subsequent depression, hence are infinitely preferable to purgative medicines. From the pathological condition pointed, if we wish to perfect a cure, we must seek some agent whose action aims to elevate depressed irritability, gradually and slowly to the proper standard, imitating and aiding the natural recuperative powers, and characterized by permanency of action, like the vital stimuli. Something that will relieve the state of semi-paralysis. In reviewing the therapeutic effect of our various medicinal agents, we find none so capable of filling this indication as strychnia; and experience has demonstrated to me that its practical benefits are equal to its theoretical convenience. This substance appears to act principally on the *ganglionic system of nerves*, and the spinal column as high up, according to Flourens, as the medulla oblongata. To illustrate its applicability in derangement of the digestive function, let us take dispepsia as an example, a disease which, like habitual constipation, is plainly dependant on a weakened condition of the digestive organs. Their action in nutrition and assimulation owes their nervous influence to the *ganglionic system of nerves*, the system particularly under the influence of the various species of the strychnos. The extended sympathy of the digestive apparatus necessarily radiates an influence over the whole economy, causing general weakness, uneasiness, and a host of highly distressing symptoms. The stomach and intestine are intimately connected with the great solar ganglion of the ganglionic system; hence, if we derange

these organs, we destroy the equilibrium of function, and deaden, more or less, the action of this entire system of nerves. Says a recent writer, in reference to the influence of the strychnos: "It has a tonic and stimulating influence over all the organs under the influence of the ganglionic system of nerves, by acting directly upon them, and exciting and equalizing their weakened action, and consequently restoring to equilibrium the digestive functions." My attention was first called to it by Dr. N. S. DAVIS, as a remedy, who spoke of it very highly in his lectures. I was at that time, a student of medicine, my habits sedentary, my studies requiring too much time to give myself proper exercise. I was habitually constipated; suffering from all its dreadful consequences. Like the rest of the world, I resorted to cathartics, which afforded me temporary relief, but left me in a condition worse than ever. Convinced that such treatment was inadequate to a cure, if not absolutely injurious, I was very readily induced to try Dr. DAVIS'S suggestion, and was very much gratified by the result, which was a complete cure. The formula recommended by Dr. DAVIS, and since used by me, is:—℞. Ex. hyosciamus,

Ferri sulphas, aa. gr. xxx.

Pulvis aloes,

Ex. nux. Vomica al. aa. gr. x.

M. Divide into thirty pills, one to be taken before each meal. This treatment to be persisted in until the constipation is overcome, and complete and regular defecation established. As adjuncts, I recommend the patient to exercise in the open air, as much as possible; to confine himself to a coarse diet; to attend promptly to all calls for defecation, and to make diurnal efforts to defecate. No case, ever so obstinate and distressing, but what has been promptly overcome by this treatment. Towards the completion of the cure, I modify my treatment by lengthening the interval between pills. The two cases, I was induced from what I conceived to be the pathology of the disease, and peculiar condition belonging to the individual case, to try the influence of electricity, by passing currents from the umbilicus to the coccyx, from one illium to the other, etc. The first one,

was that of a shoemaker, aged 40. I passed the electrical currents for several times, without any manifest improvement. I then combined the strychnia, and imagined the improvement to be more rapid and marked than usual. This experiment was obscure, non-conclusive, and unsatisfactory. The second case, was complicated by paralysis of the bladder, to which the treatment was more particularly directed. Here, also, the two treatments were combined. By the use of catheter and persistent employment of the remedies, the patient's condition was gradually improving. This patient does not live in my section, having been seen while on a visit to the western part of this State, where he resides. In a case of paralysis of the sphincter, with irritability of the muscular coat of the bladder, decided improvement followed the use of strychnia and belladonna. In a paraphlegic patient, under treatment with nux vomica, the bowels are perfectly regular, although before the use of it there was constant constipation.

Hoping strychnia may prove as valuable a remedy in other hands as my own, I close this imperfect article.

ARTICLE XXI.

CHRONIC ORCHITIS, AND EXTIRPATION OF TESTICLE.

By L. D. ROBINSON, M.D., Groveland, Ind.

In the month of Dec. 1861, I was called upon to treat the case of Mr. C. aged about 30 years, of nervo-lymphatic temperament; short in stature and stoutly built, possessing naturally great power of constitution.

History of Case:—In the month of September, of same year, he received an injury, consisting in a severe bruise of the left testicle, while attempting to mount a vicious mule. The morning following the receipt of the injury, he arose from bed with testicle much swollen, hot, and very painful—creating consider-

able symptomatic fever. He applied to a Dr. for medical advice. The Dr. pronounced his case an *hydrocele*, and treated it as such: thrusting his trochar to the centre of the gland.

The result was, that the Doctor's treatment augmented the trouble, increased the inflammation and suffering. The patient then changed physicians, and the new Dr. treated the case by warm emollient poultices, locally, and anti-phlogistic treatment constitutionally.

By this treatment suppuration was prevented at the time, and the gland passed into the chronic form of orchitis, with much enlargement, induration, and discoloration. The patient's general health began to give way, at this time, and he gradually sank into a cachexy of constitution.

He left Illinois in the month of Nov. following, and came into the neighborhood where I was then practicing.

Condition at the time of my first Examination:—Testicle enlarged to about four times the natural size. Scrotum covering the gland of very dark purple color, and much thickened. On examining the gland by palpation it was found to be quite hard and resisting. Sensation in the organ very much diminished—indeed, hard pressure upon the gland produced very little suffering. Patient's general health very much depraved—extreme debility, accompanied by functional derangements of almost all the organs of the body. And here I will digress enough to relate some circumstances connected with the case that were quite significant:—About the time of my first visit to the case, the patient received a slight injury upon the back of the left hand, which merely removed the cuticle off a small surface, which first assumed the form of an indolent ulcer, but subsequently formed the nidus of a semi-malignant fungus growth, which attained to the size of a hen's egg; meanwhile resisting all and every form of local treatment employed in the case. I used nit. silver, nit. acid, nit. cupri, etc., etc., all without any good impression. About the same time, the great toe of the left foot became inflamed with an asthenic form of inflammation, passed on to suppuration and ulceration, and then a similar growth to that on the hand supervened. The toe, as the patient

informed me, upon inquiry, had been severely affected by chilblain, a few years ago, which rendered it a weak point. The scrotum also had upon its surface a small abraded spot, which assumed the same form as the hand and toe.

My first impression was that the gland would have to be extirpated; but the patient prefering medical treatment for his relief, I adopted the following constitutional treatment, knowing that it would put him in a much better condition for an operation, than he was at the time of prescribing it, any how:

℞. Syrup sarsaparilla comp. .....℥iv.
Iodide potassa, ...℥iij.

Mix. Dose:—a teaspoonful once in four hours. Alternating with the above sulphs. quinia and morphia.

Locally, I blistered the scrotum, and applied unguentum mercuriale.

Upon this management, the patient's general health improved rapidly, for about six weeks, and the gland decreased to almost half its former size, and in two weeks more, to almost its normal size.

But about this time, the patient took a long and fatiguing walk, which was speedily followed by a return of the local difficulty, and that in turn seemed to reproduce the same form of constitutional trouble, but in a milder degree. The same form of treatment, with the alteration of substituting strychnia for the quinia, after being employed a sufficient length of time, and seeming to do but little good, caused me to think that the difficulty was assuming a malignant form, and that the gland would probably require extirpation. But here two questions came up, viz.: Had the trouble not already assumed a malignant form, and if so, would an operation afford permanent relief? Or would not the wound, that would be necessarily inflicted in the operation, assume the same form of the wound on the hand and the toe?

While indulging my thoughts in this quandary, I wrote Prof. N. S. Davis, detailing to him the case, and asking his advice. His advice was to extirpate "at once;" and then give the patient the tinct. cinchonæ, and bi-chloride hydrargyri, in proper proportions and at proper intervals.

I followed the Prof.'s advice, and proceeded to extirpate the gland in the following manner:—

The patient having been placed in the proper position, and brought fully under the influence of sulph. ether and chloroform, aa., by my brother, Dr. J. H. ROBINSON, I proceeded to remove the hair from about the groin and scrotum, and then, with bistoury in hand, I made an incision, beginning just below the external abdominal ring, and terminating at the lower extremity of the affected gland, running parallel with and close to the raphe or mesian line of the scrotum. I then made a second incision, beginning at the upper portion of the testicle, and running parallel with the first incision, including all that portion of the scrotum that was sufficiently diseased to demand removal. Found the scrotum and testicle morbidly adherent, and the tunics almost completely obliterated, so much so, that surgical anatomy afforded me no guide in the operation. I then proceeded to carefully dissect the gland loose from its attachments, which I found to be somewhat tedious and difficult, owing to the change that disease had wrought in the structures, and the hemorrhage that was occasioned by the wounding of the distal extremities of the spermatic arteries.

But after getting the gland ready to sever the cord, and remove the testicle, I adopted the novel plan of ligating the cord, with the accompanying arteries and nerves, all together, and severing them upwards. I then proceeded to dress the wound in the usual way.

Reaction came up finely, with no fever or secondary hemorrhage, and with but little pain. Gave patient ½ gr. sulph. morphia, and in two hours repeated the dose, which was the only anodynes I found it necessary to employ in the case. The patient did well, and the wound healed rapidly and kindly, with but little inflammation or suppuration.

The patient was able to be on foot within a month's time, from the date of the operation. The general health improved finely, under the influence of Dr. DAVIS'S prescription, and the hand and toe became almost well, apparently.

This method of ligating I claim to be much better, safer, and

quicker than the method required by our standard surgical authors. They instruct you to first incise the cord and blood-vessels, and ligate afterwards, meantime trusting the cord to the hands of an assistant, while you separate the arteries from the cord and nerves.

1st. I regard it very unsafe to trust the arteries to the grasp of an assistant, before you tie them, lest they slip away and are drawn through the ring into the abdomen, and there produce a fatal hemorrhage.

2d. I regard it as wholly unnecessary to subject the surgeon to the tedious and troublesome task of carefully separating the arteries from the cord, nerves, and muscular structure, and tieing them (the arteries) singly.

3d. I regard it just as safe, in every particular, and just as free from after suffering—much simpler, and less difficult to ligate arteries, cord, nerves, etc., all together, as it is to ligate the bloodvessels without including the spermatic nerves in the ligature. No more pain was inflicted in this case than there is in the usual operation of incising a nerve trunk, and the method of ligating, I am sure, is much easier than any other.

In conclusion, I would suggest that it is *possible* that this patient was laboring under a syphalitic taint of constitution; yet I have detailed the case as *it was*, and think it *very improbable*, as the character and veracity of the gentleman, together with his general appearance, rather discourages this conclusion.

ARTICLE XXII.

CASE OF EXTENSIVE INJURY OF THE HEAD.

By H. WANZER, M.D., of Chicago.

I was summoned to Mrs. Murphy, by officer Ensworth, on the night of the 14th May, at a late hour of the night. Found her on Chicago Avenue, lying upon the ground, in front of the house of Mr. Morrison, upon her face. Her head, face, and dress was completely covered with blood, so that I could not tell what

color she was. Her extremities and her surface were cold, showing that the blood had left the surface. The pulse was nearly imperceptible at the wrist. The loss of blood, together with the shock she had received by the injuries, had nearly induced a fatal prostration. She was, in a word, in a state of collapse. I ordered her to be taken into the house of Mr. Morrison; and there commenced my examination for injuries, commencing at the head, I found a transverse cut over the temporal bone, about four inches. The structures were divided to the bone. The second was a transverse cut over the parietal bone, the structures being divided completely to the bone. The third and forth cuts were over the occipital bone; one was perpendicular, the other transverse, about four inches each, dividing the structures completely to the bone, ripping up occipito.frontælis muscle from the bone, for the space of three and a-half inches, making rather an unsightly wound, in the form of a letter T. The perpendicular cut was a bad one, the instrument had penetrated the outer table and diploe of the skull, gouging it out as it were, so that I passed my index-finger freely over the inner table of the skull, the whole length of the cut, only that structure intervening between it and the brain. After cleansing the wounds from hair, and all foreign substances, I brought the parts in apposition by interrupted sutures, adhesive straps, and bandages.

Having finished about the head, I commenced looking for other injuries, and my attention was called to the right shoulder. I found it dislocated, the head of the humerus was downwards, resting upon the axillary plexus of nerves, and manipulating the arm caused her intense suffering. The shoulder, and arm its whole length, were intensely swollen; to the ends of the fingers the blood had infiltrated and extravasated through nearly the entire extent, and upon moving the arm, I heard distinct crepitus of bone, indicating that there was fracture in the neighborhood; and finding none at the arm or hand, I proceeded, assisted by officer Ensworth, to reduce the dislocation at the shoulder. I commenced by extension, which much relieved her, taking the pressure off those plexus of nerves. The dislocation

was a bad one, and it was reduced with difficulty; the head of the bone went into its old place with an audible snap, which relieved her at once. I then commenced further examination for the fracture, and found that it was the right scapula or shoulder-blade that was broken. I then placed a pad in the arm-pit, and adjusted a figure of 8 bandage, which met both indications of fracture and dislocation, and pursued my examinations for other injuries; found some of her front teeth knocked out, probably by the same deadly instrument. I also found two old fractures and cicatrices, done, she told me, by the same hands—her husband's. The first had been a complete fracture of the radius and ulna of the other arm; badly set and much deformed. The other was a fracture of the nose. The injuries she has received to her arms will impair her usefulness for obtaining herself and little ones a livelihood, if she ever recovers from them. Having done all I could for the poor woman, I left her for the night, leaving directions to have her carried home, expecting on my next visit to find her dead; but in the morning reaction was well established. The machinery of life, suspended for awhile, had commenced moving, and she has been convalescing ever since. She is a temperate woman, and of a good plastic diathesis. Her cuts about the head nearly all healed by the first intention, excepting the last. She is doing well.

I remarked that she was a temperate woman. Alcoholic drinks of all kinds retard the healing process. They change the essential properties of the blood, by diminishing its plasticity. They promote the suppurative diathesis. Wounds heal slowly and with difficulty after injuries or cutting operations, in those who habitually use them.

Army Correspondence.

PITTSBURG LANDING.

REPLY TO A SLANDEROUS ATTACK, PUBLISHED IN THE CHICAGO MEDICAL JOURNAL, MAY NUMBER.

When the present war broke out, and forces were concentrated in numbers never before witnessed on this continent, serious apprehensions were felt for the outbreak of diseases, contagious as well as those so common with recruits in camps. Men of the highest moral and professional standing, therefore, united, and gave the first impulse to the organization of the Sanitary Commission.

Their agents visited the camps, travelled with unabated zeal and ardor over large territories, giving advice to the commanders, and to such medical officers as were not familiar with military hygiene and practice. Their pamphlets on camp policy, on the most frequent and important diseases, on operations, etc., were spread all over the land, and no doubt they accomplished a vast deal of good.

Important improvements in the medical department were adopted on their recommendation, and the establishment of "soldiers' homes" reflects great credit upon them.

Every army officer in the West must have made the acquaintance of Dr. Douglas, the man with an iron constitution and a heart burning with pure benevolence; or of Drs. Warriner and Aigner, highly qualified personages, also inspired by the purest motives.

In short, the Central Sanitary Commission proved itself very useful, and deserves the more credit for it, as in their half-official capacity their mission was a very delicate one. If in any instances they transcended their authority, they were rare and exceptional.

The liberality and benevolence of the American people manifested itself in a manner, and in a degree never before exhibited

by any other nation. Articles, not provided for by the army regulations, poured in in such quantities that large warehouses were required for their storage. A noble emulation between the loyal States, resulting in the amplest provision for all the wants of the soldiers. The Sanitary Commission was properly entrusted with the distribution of these gifts. The tree, thus grown up, spread its branches soon over most of the cities.

But the people in selecting their agents were not always very fortunate. We may easily bring them under three distinct classes:—

I. True men, patriotic, devoted with their whole soul to the noble cause they represent.

II. Those who go on an errand only for curiosity sake.

A battle field, after the smoke of the cannon has passed away, affords an exciting and interesting view. You can see these men marching over the field, gathering "trophies," and returning loaded with limbs, and other trash.—Some few of the private physicians may be added to this class, who only come "to amputate." The first and almost stereotyped question, "Is there any operations to be performed," will often be answered in the negative by the surgeon; and if he, insulted by their too often assumed high airs, responds in a manner like this:—"If there is to be one, I shall send my own invitations;" they will retire in double quick.

Finally, there is a set of men, whose only object is to make capital out of it.—They claim the privilege of insulting every army surgeon who does not bow in devoutest submission to their pretended authority; and I simply ask, who could submit, without being an imbecile, morally or intellectually?

They form a kind of a mutual insurance company, writing occasionally complimentary and glorification letters for each other, as well as for themselves.

To increase the brilliancy of their light, they use the lampblack very freely for blackguarding.

In their great hurry to have their glory published, they are not always very scrupulous about the correctness of their statements.

Fortunately, their number is not large; but as the members of the first class are generally very modest and kind, devoting all of their time simply to their benevolent objects, and finding no leisure to write hysterical articles for newspapers, their services are mostly overlooked by the outsider, and altogether overshadowed by the conspicuous position their opponents take possession of. These men are the cause of the Sanitary Commission becoming very unpopular among the army officers.

Everybody knows that the distribution of gifts is far more pleasant than the collection of the same; but the art to make presents acceptable is only taught by the most tender feelings of the heart. I always turned away in utter disgust when, to every article given to the poor soldiers, the remark was added: "This comes from the Sanitary Commission!" Why not say, if anything at all, "This comes from the loyal people of the North, from your friends; use it, and be happy!"

It may be mentioned here, that on the 18th of April, a letter from Rev. C. was published in the *Chicago Tribune*, giving an account of the operations of the Chicago Sanitary Commission. The author made some erroneous statements, which could hardly be otherwise in the pressure of a very limited time. Prejudiced, as it seems, in favor of that Commission, he bestowed more credit upon the members than they deserved; while the army surgeons, as a class, were charged with carelessness. At home, on sick leave, I felt myself in duty bound to a reply, correcting some errors, and defending the honor of the former, concluding thus: "It is laudable when citizens and private physicians leave their comfortable homes, or their practice, for a few days, to relieve the unfortunate victims of this war; but their praise must not be heralded at the cost of the army surgeons. And while, through the exertion the writing of this letter causes me, the hemorrhage of my lungs commences anew, I shall never, even when far away, cease to defend the honor of these useful men—men who live with the soldiers, march, suffer, and even die, with them."

This communication, dated April 19, was sent to the *Chicago Tribune* for publication; but my just and reasonable demand

was not granted. I then asked for the return of my manuscript, but it was withheld, though postage stamps were sent. It found its way afterwards to the public through the liberality of the *Missouri Republican*, where it was published on the 2d of May. It was never responded to.

But in the *Chicago Medical Journal* appeared an article, headed "Pittsburg Landing," and signed "R." containing the grossest attack upon myself and a colleague of mine. Its spirit and language will contribute a rare sample to the *Ethics* of our time, and it ought to be preserved at Barnum's.

The author is *Dr. Rea, of Chicago.* In his threefold dignity as lecturer in Rush Medical College, as contributor to the *Chicago Medical Journal*, (the organ of said college,) and as *Sanitarian*, he ascends the Olymp and hurls his thunderbolts in a terrible multitude upon us poor mortals. I had the honor to receive a full shower of them, cold, however, and harmless they were.

The gentleman seems to be unaware that this kind of pyrotechnics are "played out," and that such artists burn their fingers occasionally with the same rockets they designed for others.

Living in a skeptical century, rational people are accustomed to respect in science nothing short of *brains;* the mere prestige of a professorship, even in Rush Medical College, belongs to those illusions that were.

I deny the ability of Dr. Rea to judge about me, at all events, if he had even an opportunity for it, which in fact he had not. His very first statement is utterly false. He says, "The boat (Hiawatha) was under charge of Dr. Roskoten." I had no more charge of her than of the St. Charles Hotel, where I am now detained from joining the army, in consequence of the injuries received at Shiloh.

Here is a synopsis of the incidents before and after the arrival of the Chicago Sanitary Commission:—

I arrived at Pittsburg Landing on the 4th of April.

Sunday morning, April 6th, the battle commenced.

Dr. Hewit, the senior medical officer, was acting medical director. I repaired to the medical purveyor's office, to ascertain the condition of the medical supplies.

Answer. Hardly anything; not a grain of opium or morphia.

I then rode to the battle field. About noon, I was struck by a spent piece of shell, in my right side, and at the same time, my horse was killed under me, by a cannon ball. He fell upon me with great force, and it was sometime before, by assistance, I could be extricated. Carried to an ambulance; I was conveyed to *my quarters* on board the Hiawatha.

She contained the commissary stores; the staff of our division (2d) were also quartered there; and we *paid for our board.*

During the day of the battle, a number of wounded officers were brought on board; and before evening some 70 or 80 were quartered there. Though suffering with pain, with profuse hemorrhage from my lungs, and quite lame, requiring surgical attendance myself, I could not resist my desire to relieve the sufferings of my comrades. No surgeon being present, I attended to all of the wounded on board, and I had the satisfaction, of enjoying the gratitude of all of them, notwithstanding the *kind* remark of the very learned professor, "when it was found out that he was incapable of taking care of himself even." True, I did not take proper care of myself in view of the suffering of others, and herein is the cause of my own protracted suffering, and of the probability of never recovering again.

During the full six days, there occurred only one case of death on board the Hiawatha. A minnie ball had caused fracture of the femur, and mortification was present when the man came on board.

The sixth day of hard toil had nearly passed away, when the Chicago Sanitary Commission arrived. They came with a large force of surgeons and some nurses.

The next day, when I was preparing to leave the boat, in order to change my quarters, and to find the rest I needed so much, Dr. Hewit came on board, and stated that this boat was designed to carry wounded men to Mound City Hospital. He *asked me to take charge of her*, as I had to go on sick leave the same way, and as he would rather see the boat in charge of an army surgeon.

Bothered by the new-comers, for medicines and hospital stores,

and knowing there were none to be had, I made out my requisitions however, first in the proper form, then on a rag of paper. I never saw my papers again, nor medicines, with the exception of a few trifling articles.

Pressed from a certain side to make requisition for an unreasonable amount of rations, I refused my signature, and asked first for a written order to prove my authority. Then I drew the rations in quantities as I thought proper. The learned Dr. seems to know very little of military matters, and may call it "red tape" if he chooses. So much for the hospital stores and rations.

By a mere act of courtesy, I transferred the directory of the medical department to Dr. Rea. I preferred then to be as little official as possible.

Now, the very learned professor says, "The only operation I saw him perform, was trying to squeeze pus from an edematous eyelid." Indeed, Sir.

In passing through the cabin, my attention was attracted by the continuous screaming of a patient. A small ball had entered near the left eyebrow. The eyelid was edematous, the tension enormous. He was crazy with pain, and utterly refused an examination. Stimulated by the desire to relieve this poor fellow somewhat, I scarified that eyelid, and tried to promote the exit of serum and blood.

But as the learned professor seems to have a desire to challenge me in the professional arena, I will lift his glove. In doing so, I may be permitted to publish some of the antediluvial surgery practiced on board the Hiawatha. In passing through the wards to my state-room, some of my former patients complained bitterly of pain. Inquiring for the cause and the treatment, they stated that the cold water dressing had been used. This was done on the 7th day after the injuries, when suppuration and sloughing was fully established.

A private, a German, came on board a few hours before the Commission arrived. Gun-shot, fracture above the knee. Having used all my own splints, I requested Dr. Gillette to attend to this important case. He kindly applied the splint. In pass-

ing by the next day, Dr. G. stopped me, the splint was removed. With an almost shy reluctance, he stated to me "That some of the physicians had declared there was no fracture." It was a plain case, every layman, with common sense, could see it at once, and crepitation was audible from a distance. I referred him to Dr. Rea, and a splint was applied again. Comments unnecessary.

An officer, shot in the back, his lower extremities paralysed, also the sphincter ani and bladder. The ball being inextricable, lodged in the spine, I had nothing to do but to use the catheter twice or three times a day.

Now, the *Master* performed an operation, the impression of which will last, it was daguerreotpyed, graphic. An incision had been made; he held in one hand a forceps, and the other hand disappeared. It had gone downwards as in a pocket, in search for the ball; as I heard and expected, without success.

These few cases may serve as samples of the author's "rich treats," belonging to his "surgical feast," (page 280). The very learned gentleman, disappointed in not having received the charge of the boat, felt badly, and more so, when he found out that "a Dutchman" was entrusted with that office.

But, *me Hercule!* There comes yet another Dutchman! "And when it was found out by the Med. Director that he was incapable of taking care of himself, even—he added insult to injury, by sending a Dutch assistant-surgeon to supervise him."

That cruel Medical Director!—And to whom was the insult and the injury directed? I should think, against myself, if the matter had been really so. The author seems to be very anxious to exhibit his great force in logic. But I will not do wrong to him; perhaps that meanwhile that man's other eyelid became edematous, and that this Dutch assistant-surgeon only came to squeeze also pus out of it!

The truth is this: when the Medical Director found out that Dr. Roskoten had been wounded in the Battle of Shiloh; that he had, notwithstanding his own sufferings, voluntarily attended to the wounded on board the Hiawatha for full six days; and when he further heard that the same Dr. was outworn, suffering

by hemorrhage of the lungs and lameness, so that he was incapable of going ashore after the provisions and stores, he acted very kindly in sending a very respectable medical officer to assist him in attending to these matters. It was Dr. Stahl, of the 10th Illinois.

On Saturday noon, I took charge of the boat; it was dark when we took in the last patients, and some 60 cots, from another boat. The number of sick and wounded were about 260.

As a great number of sick and wounded remained in tents, partially on wet soil—as I was informed, I considered it my duty to receive as many of them as I possibly could. The only difficulty was to get them on board that night. It was very muddy, the hills steep, and the wounded on top of them, at some distance. The conference with surgeons present, declared the transportation and the exposure for the wounded too difficult and dangerous; but I expected to succeed *the next morning* in bringing the balance of patients on board, as Captain Carson also stated that his pilot refused to go by so dark a night, unless he be compelled to lie by;—as far as I recollect he named the bridge.

The banks of the Tennessee River swarmed, at that time, with guerrilla bands. Our yellow flag was no protection against such outlaws. There was nothing to attach us to Pittsburg Landing, a barren place. Outworn to death nearly, I needed the quiet and comfort of my home, but I could not leave that night. I had a far more valuable cargo on board than the home-sick professor; there were 260 sick and wounded soldiers entrusted to my hands. Could I leave them to the mercy of such cruel bands? Did the Dr. expect me perhaps to pilot the boat? How many more qualifications does he ask of an army surgeon?

Early on the following morning, I had my nurses at work, the cots were displayed, and things commenced to look well. The boiler-deck, thoroughly cleaned, became the most pleasant place of the boat, it could have afforded room for more than a hundred patients; the weather was calm and pleasant.

While a messenger was sent ashore for more patients, Dr. Simons came on board, about 9 o'clock A.M., I observed at the

first glance that he had been influenced from a certain side. He asked me, shortly, why the boat was not on her way. I felt not inclined for any explanations, only stated my intention to receive more wounded men. He said, I had enough. His time being over-taxed in other places, he found no opportunity for examining the capacity of our large boat. Judging him by the past, I feel certain that he never used such language as the author alleges him to have used. He is a gentleman.

The Dr. says, further: "He (Dr. Simons) gave me the order, I carried it to the Captain, and we were off."

Not exactly so, Sir! With my permission the boat stopped alongside another boat *for several hours*, in order to take in a number of articles provided for by Dr. Douglas,—when I gave "the order, and we were off."

Why does the author not enter the army? If he could accomplish so much good in about 60 hours, why does he withhold his inestimable services from the nation's sickbed? Why does he not go at once before the U. S. Army Board? There is no want of vacancies. Quite a number of surgeons have resigned, outworn and with broken down constitutions, others were killed or wounded.

But it would not pay! And if there would be no ice in winter, or heat and dust in summer. But the worst of all is, that the self-planted laurels seem not to flourish so luxuriantly in the modest field of the army surgeons.

In recapitulating the whole article, his professorship seems to be so perfectly saturated with, and conscious of, his dignity as to feel himself an authority. This must of course proceed from his connection with Rush Medical College. The symbol of the medical profession ought to changed; for Æsculap's serpent there ought to be substituted the snake of the Paradise, as the tree of knowledge seems, in the author's opinion at least, only to grow in that modern Eden, and mainly to root in the professor's chair. Teachers and pupils, from all other Universities, will have to come to him to be instructed in his "Ethics," and to learn wisdom.

There will be a pilgrimage to that sacred place; the lights of

Boston, New York, St. Louis, Edinburgh, and Paris will fade away before this star of the first magnitude, not to mention Berlin or Vienna, as there are but "Dutchmen" in the chair.

A glorious time is coming, indeed. To assist in the heralding of the professor's glory, I will present a few of his delicious fruits, deposited in the *Chicago Medical Journal:*

"The boat was under charge of Dr. Roskiton, of Gen. McArthur's Divison. He is a German, and it is with some reluctance that I express my surprise that such a man can obtain the position he occupies. It convinces me that favoritism forwards more than merit. So far as I could judge, and it is the universal opinion of my companions as well, that he did not possess a single qualification for the place he filled. He was unable to get his outfit of stores; had the patients lying in utter confusion; and the only operation I saw him perform, was trying to squeeze pus from an edematous eyelid. When it was found out by the Medical Director that he was incapable of taking care of himself even—he added insult to injury by sending a Dutch assistant-surgeon to supervise him."

"The next day, (Saturday,) found us with our complement of wounded, near three hundred. We managed to get part of our army stores on board, and so far as any one of us could see, were ready to go. But it seemed almost impossible to get away. I asked our boat-surgeon what was keeping us; why not start Saturday night? He said the pilot did not want to start at night, and besides he had not enough wounded; if he started with so few, charges would be preferred against him. At that time every available point was occupied, except on the hurricane and boiler decks."

"In that condition, we stayed from Saturday until Sunday noon, with our two Dutchmen spinning around each other, as if practicing a new edition of the Lancers, until Director Simons came aboard, and I asked, what in humanity's name we were waiting for?—why these men, wounded and suffering, might not as well be lying in the Hospital at Mound City as in that boat? He could give no answer for the delay, except the stupidity of our asinine Dutchmen. I wish I could letter their hats. I

would substitute U. A. S. for the ones I saw them sporting. He gave me the order, I carried it to the Captain, and we were off."

Not quite so generous as the Dr. I shall not, nor can I reciprocate his desire to letter hats; he wore the U. S. very conspicuously, while I only used a citizen's hat, without that distinction, *my cap being torn on the battle field.*

But there are different ways of lettering things; it requires a very hot iron to brand a mule's back, while author's write their own epithets.

R. ROSKOTEN,
Brigade-Surgeon.

St. Charles Hotel,
CAIRO, *June* 21, 1862.

Selections.

EPILEPSY.

AFTER THE FRENCH OF HERPIN.

BY EDWARD SUTTON SMITH, M.D.

The idea generally entertained by the profession, that epilepsy is incurable; the prevalence of the disease in the United States, and its *curability* in France, have led me to translate the salient points of M. Herpin's celebrated work, with some additions drawn from my own experience in the treatment of this malady in America.

During a long residence in the French capital, and from a personal acquaintance with M. Herpin, who has now devoted more than thirty years to this disease *alone*, and whose practice is not only very great, but successful, I satisfied myself that epilepsy could be treated in the same manner, and with the same happy results, in this country. With the above slight introduction, I offer the following article, one of a series of two or three that I propose to write for the *American Medical Monthly*.

To show the estimation in which the work is held by the profession in France, I append the report of the committee chosen by the Institute to examine into its merits.

INSTITUTE OF FRANCE, *December*, 16*th*, 1850.

Report.—"Dr. Herpin, of Geneva, has forwarded, under the title of Practical Studies in the Prognosis and Treatment of Epilepsy, a work composed, first, of thirty-eight observations relative to epilepsy, collected by the author; then an estimate of the different circumstances of these thirty-eight observations. These original materials serve as a basis, enabling the author to give, upon many of the symptoms of epilepsy, new views, and to determine the value of these symptoms from the double point of view of the prognosis and diagnosis of epilepsy. He also makes use of these same facts to study and compare the influence which every condition of age, sex, constitution, as well as different antecedent or concomitant diseases, may exercise upon the greater or less gravity of epilepsy, and the possibility of its cure. He again studies, under the same conditions, the good or bad influence which may be exercised by hereditary descent, menstruation, pregnancy, the married or single state, the degree of individual intelligence, social position, and finally, the length of time that the disease has existed. The importance of the subject studied by Dr. Herpin, the severity of the method which he has followed, in order to observe and arrange the facts, and lastly, the interest of many of the results which he has attained, have appeared to the Commission to merit a reward of fifteen hundred francs."

Every reflecting physician, when present at the cure of any disease, is compelled to demand what has been the influence of the treatment he advised. The reply, with the exception of a small number of cases free from difficulties, is environed with some doubt, unless the physician be endowed with a philosophic spirit. Consequently, this doubt, up to a certain point, surrounds all the precepts that direct practical medicine. By what means can we cause this uncertainty to disappear, and elevate therapeutics to a true science? We have already remarked, whatever may be the number of successful results, that some special means has procured you in the treatment of a disease, you cannot affirm the utility of your course, and still less, place any value upon it, except in proportion as you can show that this disease, if left to itself, would have had different and less favorable results. In theory, the means of comparison can only be furnished by a natural and complete series of facts where the affection was left entirely to the efforts of nature. Now, there are but few cases where this purely passive observation is possible. Thus, forced to have resource to more direct means in the midst of agents indefinitely varied and often contradic-

tory among themselves, that are employed in diseases, it is not presumable that if some are effacious, others are inert, and some hurtful? Thus, may we not conclude that a numerous series of facts, selected without reference to the methods of treatment, will give results which, admitting them to be a little more favorable than those of simple expectation, will not differ in any very marked manner? Consequently, may we not hope that at some future day we shall have a standard in each disease which shall serve as a common measure for all therapeutics upon the same disease? We have never doubted that this hope could be realized at some future day, for science already holds the elements of this work for a certain number of diseases. Meanwhile, nothing approaches nearer the wished-for guage than the comparative examination of opinions that have already been given upon the prognosis of a disease by a number of practical authors, chosen in different places and at different times, among the most skilful and conscientious.

The complete absence of statistical information upon the prognosis of epilepsy obliges us to resort to the latter means; fortunately, this affection is one of those where gravity, when left to itself, is so well known, that exactitude will not be required.

The prognosis is either general or special.

It is *general* when limited to the calculation of ordinary chances, the cure, and mortality of a disease. The general prognosis of an affection is obtained by combining the results of a series of numerous facts. These results, particularly if they are expressed in numerals, will serve to show the actual merit of any treatment that has been employed in an entirely different series.

The questions that may be raised in the general prognosis of epilepsy, it appears to us, may be reduced to the three following:

Can epilepsy be spontaneously cured; and if so, what is the ordinary proportion of these cures?

Has medical skill any influence upon the favorable termination of this malady, and what are the limits of this influence?

In incurable cases, what are the results of this affection?

1st. We shall find in the history of medicine incontestible proofs that epilepsy has cured itself, though this fortunate result appears somewhat rare, according to Maisonneuve—about 4 in 100.

2d. According to the opinion of authors, it is well known that medical treatment has cured a certain number of cases of epilepsy.

3d. Without furnishing us with any very exact results in the

cure of incurable epilepsy, our historical documents warrant our asserting that this malady is not incompatible with the prolongation of life, but that it shortens its length, altering more or less profoundly the intellectual and moral faculties.

Of the three questions that we have above mentioned, that which is the most important for us is the first, which treats of the spontaneous cure of epilepsy. We have seen that this result is quite rare, and estimating it at the rate of 4 in 100, we shall not be far from the truth.

In our examination, we shall consider separately two partial series of our own; the 38 cases of our first series we divide, according to their termination, as follows:—

First Category.—Three cases where the treatment was only followed two or three days. One of these patients left my clinic; the two others remained epileptic, one being an idiot.

Second Category—First Section.—Two patients who were not treated, but spontaneously cured; one having had attacks for five years; the other, subject to turns of vertigo, after having but one in four years, has not had another for four years.

Second Section.—Seventeen cases that were treated, which is exactly half of the 33 patients that were more or less under treatment.

Third Category—First Section.—Three patients whose condition was ameliorated, though they only followed an incomplete treatment, and would probably have been cured had they been more persevering, judging from the results produced by the remedy when taken in an insufficient manner.

Second Section.—Four individuals in whom the treatment having been properly followed, evidently extended the interval between the attacks without causing them to disappear.

Fourth Category.—Nine cases, all obstinate.

The figures in these four categories afford us the following conclusions:—

1st. Of 38 epileptics, 2 were cured without the aid of art; which gives the proportion of spontaneous cures in 19 cases, of about 5 in 100, which differs but little from the facts stated by Maisonneuve—4 in 100.

2d. Of 33 epileptics that were treated, 17, or 51 in 100, were cured; 7, or 21 in 100, were ameliorated; 3 of these by an incomplete treatment; 9, or 27 in 100, experienced no benefit under the influence of prolonged and varied treatment.

Thus, the number of our cures (without taking into consideration those two who were ameliorated, two of whom, at least, very nearly approximated the cured,) is one half. But the

more these results differ from the opinion of the immense majority of practitioners, the more necessary it will be to answer in advance those objections that will be raised against these conclusions.

No one will dispute our obstinate cases; let us leave for a moment those who were ameliorated, and examine those cases that were cured. To these it may be objected:—

That our diagnosis is wanting in exactness.

That our patients were cured by the interposition of nature alone.

That our cures were only greater or less suspensions of the accession, bearing in mind the returns which we call relapses.

1st. As to the exactness of our diagnosis, we merely ask any impartial man to look at the notes that accompany our observations, and read the chapter on the classification of the paroxysms. They will see that we have carefully studied the distinction between epilepsy, cerebral congestion, hysteria, etc.

2d. To those who merely see spontaneous cures in our cases, we place before them the prognosis of epilepsy, as given by all authors, without exception.

3d. This only remains, and will be the most specious objection of those who regard our cures as a simple postponement of the attacks. We will place before them a synopsis of our cases. Let us commence by the cases to the number of eleven, where there was no relapse.

Observation 7.—Duration four years; constant vertigoes every day; four attacks in three months, three of which took place in eight days; many suspensions by treatment during four years, the longest of which was eight months. Absolute cure, which has lasted *more than thirteen years*—(30th Nov. 1837, to the end of Sept. 1850.)

Observation 8.—Duration, five months; at the close many are daily. Cure, which has lasted *more than twelve years*—(March 13th, 1838, to the end of September, 1850.)

Observation 11.—Attacks during three months, many times monthly before the treatment. Cure, which has lasted *more than six years*—(August 16th, 1844, to the end of September, 1850.)

Observation 14.—Many paroxysms daily for fifteen days. Cure, which has lasted *more than five years*—(June 24th, 1845, to the end of September, 1850.)

Observation 15.—Two paroxysms and several vertigoes for a month. Cure, which has lasted *about five years*—(October 25, 1845, to the end of September, 1850.)

Observation 10.—Vertigoes for ten years, many in a month. Cure, which has lasted *about five years*—(November, 1845, to the end of September, 1850.)

Observation 20.—One single attack. Cure, which has lasted *five years*—(September 30th, 1846, to the end of September, 1850.)

Observation 22.—One single attack. Cure, which lasted *till the death of the patient, more than three years*—(October 14th, 1846, to November 13th, 1849.)

Observation 6.—Attacks for ten years; greatest interval, two months. Cure, which lasted *till the death of the patient, twenty-seven months*—(December 27th, 1840, till the 16th of March, 1843.)

Observation 18.—About one attack a week for three months; greatest interval, fifteen days. Cure, which lasted *till the death of the patient, more than five months*—(October 7th, 1849, to March 2d, 1850.)

If any one will compare, in the case of those patients that have not died, the time that has elapsed since the last accession up to the close of my observations, with the ordinary interval of their attacks, it does not seem to me possible that any person can suppose that these are mere postponements in the course of the disease.

Let us now see if our cases of relapse are not really cures. They are six in number.

Observation 9.—Frequent vertigoes. Cure, lasting *seven years*. Relapse: more and more frequent vertigoes for a year, then an attack. Cure, (excepting a few turns of vertigo, which have ceased for the past four years,) which has lasted *more than nine years*—(September 30th, 1841, to September, 1850.)

Observation 12.—Three attacks in three months. Cure, which has lasted *six years*. Relapse: two consecutive attacks. Cure, which lasted *five years and a-half*—(March 16th, 1845, to the end of September, 1850.)

Observation 13.—Three incomplete attacks in sixteen months. Cure, which lasted *twenty-six months*. Relapse: a single accession. Cure, which has lasted *six years and a-half*—(February 19th, 1844, till September, 1850.)

Observation 48.—Commenced at the age of 16 years, (1812,) five years before the first menstruation. For six years, one or two attacks of epilepsy a week. Once had forty-eight in twenty-four hours, the consequence of bad treatment. At long intervals, some attacks of hysteria. Suspension of the attacks for three years, owing to some treatment of whose composition she

is ignorant. Relapse, (1812): for six years, two of three attacks every week; the longest interval being three weeks, (not counting three pregnancies, during which they completely ceased.) Attacks were more frequent at the menstrual periods. From 1828 to 1829, not a single accession: then two paroxysms of attacks in eight months. For for years and a-half, isolated attacks, usually returning at an interval of about a year or eighteen months. In July, 1835, complete relapse, in consequence of a year's imprisonment: for ten months, attacks almost daily; some ten or twelve in the same day. Six months after this relapse, I treated her four months. Cure, which, with the exception of two consecutive attacks in September, 1836, lasted till the death of the patient from an ovarian cyst, the 2d of August 1850, *fourteen years* after the last attack.

Observation 62.—When this young girl came to my clinic, she had already more than 1200 attacks, preceded, for five years, by frequent vertigoes, that had been gradually converted into acces; these latter had, in their turn, been transformed into attacks, and are not comprised in the above account. During the first five months she was under my treatment, the number of attacks was exactly two a day. To-day (December 24, 1851), this young girl, after having had only eight attacks in seven months, has been completely free from them for more than four months. Though half idiotic at the time of her first visit, she now enjoys the full use of all her faculties.

Out of 48 patients,

26 were cured	54 in	100
10 ameliorated	21	"
12 incurable	25	"

From all which we deduce the result:—

1st. That generally epilepsy is not spontaneously cured, nor does it take place in a twentieth part of the cases.

2d. That medical skill can benefit three-quarters of those who suffer from this terrible malady; that it can *cure* more than one-half, and produce a greater or less amelioration in a fifth part of the cases; and that the proportion of incurable cases is only one-quarter.

The criterion for epilepsy if found in the total number of attacks or accessions that the patient has had.

In the case of patients that have not had vertigo, or if they have not been very frequent, nor lasted more than ten years, we may be almost certain of effecting a cure.

As regards the attacks and accessions, the prognosis is entirely favorable, if the number has been less than 100.

From 100 to 500 the chances are less favorable.

The prognosis is unfavorable if the attacks have been more than 500, *and in such cases a cure can only be regarded as an exceptional case.*

If it can be established that recent epilepsy is almost always curable, to render humanity an immense service, it is only necessary that the world should know the power of medical skill when taken in time; and every physician should be convinced, that with confidence, exactitude, and perseverance, in the great majority of cases he may be assured of success. To attain this double object, every influential man, whatever his sphere of action, from this time forth, should endeavor, as far as epilepsy is concerned, to popularize the advice given by the poet:—

Principiis obsta, sero medicina paratur,
Cum mala per longas invaluere moros.

10 Union Square, New York. —*Amer. Med. Monthly.*

THE SARRACENIA PURPUREA, A REMEDY FOR SMALL-POX.

To the Editor of the American Medical Times:—

Sir:—You have by this time, in all probability, heard something of an extraordinary discovery for the cure of small-pox, by the use of "Sarracenia Purpurea," or Indian Cup, a native plant of Nova Scotia. I would beg of you, however, to give full publicity to the astonishing fact, that this same humble bog-plant of Nova Scotia is the remedy for small-pox, in all its forms, in twelve hours after the patient has taken the medicine. It is also as curious as it is wonderful that, however alarming and numerous the eruptions, or confluent and frightful they may be, the peculiar action of the medicine is such that very seldom is a scar left to tell the story of the disease.

I will not enter upon a physiological analysis now; it will be sufficient for my present purpose to state, that it cures the disease as no other medicine does—not by stimulating functional re-agency, but by actual contact with the virus in the blood, rendering it inert and harmless, and this I gather from the fact that if either vaccine or variolous matter be washed with the infusion of the Sarracenia, they are deprived of their contagious properties. The medicine, at the same time, is so mild to the taste that it may be mixed largely with tea or coffee, as I have done, and given to connoisseurs in these beverages to drink, without their being aware of the admixture.

Strange, however, to say, it is scarcely two years since science and the medical world were utterly ignorant of this great boon of Providence; and it would be dishonorable in me not to acknowledge that had it not been for the discretion of Mr. John Thomas Lane, of Lanespark, County Tipperary, Ireland, late of Her Majesty's Imperial Customs of Nova Scotia, to whom the MecMac Indians had given the plant, the world would not now be in possession of the secret. No medical man before me had ever put this medicine upon trial; but in 1861, when the whole Province of Nova Scotia was in a state of panic, and patients were dying in the hospitals at the rate of twelve and a-half per cent., from May to August, Mr. Lane, in the month of May, placed the "Sarracenia" in my hands to decide upon its merits; and after my trials then and since, I have been convinced of its astonishing efficacy.

The Indian Cup is found in swamps and moss bogs. Its capacious globular receptacles are generally filled with cool, bland water. The Cups are lined with bristles pointing downwards, that entangle the flies that come to drink, so that few escape drowning. It is a very curious and remarkable family of plants exclusively North American, and not to be met with west of the Alleghanies. The leaves take the form of a long bulbous tube or funnel, like the bowl of a tobacco-pipe, terminating with a hood-shaped appendage not unlike an Indian squaw's cap. The flowers, with their hard involuted crenate calyx, and fine sessile segments, like the yellow water-lily, deep crimson stigmata, and corresponding stamina, in form and appearance are very remarkable. All of the tribe inhabit marshy grounds. The "Sarracenia Purpurea" is the most common species, and like all the beautiful things of Providence, widely diffused from Hudson's Bay to the State of North Carolina.* The root consists of numerous short radicles, fibrous and stringy, which when powdered, have a very faint and agreeable aroma, with a taste very like the willow alkaloid, or salicin. The dose of the medicine —the powdered root—is about a dessert-spoonful, simmered in a pint of water down to half a pint; this is divided into two doses, one taken immediately, the other in six hours; no sugar should be given with it. The only functional influence it seems to have, is in promoting the flow of urine, which soon becomes limpid and abundant, and this is owing perhaps to the defecated poison or changed virus of the disease exclusively escaping

*[The Sarracenia Purpurea grows in the swampy lands of New Jersey, and is called the "Pitcher plant," and "Side-saddle flower;" Griffith does not mention it in his "Medical Botany." Various southern species exist, and two of these are noticed in the U.S. Dispensatory.—Ed. Am. Jour. Pharm.]

through that channel. The "Sarracenia," I take reason to believe a powerful antidote for all contagious diseases, lepra, measles, varicella, plague, contagious typhus, and even syphilis, also a remedy in jaundice. I am strongly inclined to think it will one day play an important part in all these. Yours, etc.,

FREDERICK W. MORRIS, M.D.,
Resident Physician of the Halifax Visiting Dispensary.

—*Am. Med. Times, May* 24, 1862.

OILED PAPER, AS AN ECONOMICAL SUBSTITUTE FOR OILED SILK IN SURGICAL DRESSINGS.

During a visit to England and Scotland, in the summer of 1860, I noticed in the Glasgow Royal Infirmary that they used an *oiled paper* as a substitute for oiled silk, in surgical dressings. The article was invented by Dr. McGhie, the Superintendent of the Infirmary, and possessed many advantages besides that of being economical.

The following is the mode of preparation:—Take good "tissue" paper, free from holes, as many sheets as may be required; boiled linseed oil, say one quart; to which add one ounce of sulphate of zinc, and re-boil for an hour or longer. A little beeswax and turpentine may be added, while the oil is hot. Use a square board, larger than the sheet of paper. Coat the first sheet on *both* sides with a paint or paste-brush; the rest of the sheets only require to be coated on one side, as the oil strikes through. Place the second sheet on the top of the first, slightly projecting at one end, for convenience of lifting, and so on, *seriatim*. When all the sheets are coated, hang them up to dry in a moderately warm place, for twenty-four hours. When taken down, each sheet may be dusted over with French chalk, which will prevent them from adhering. If sufficient wax and turpentine have been used in the mixture, the chalk dusting will not be needed.

Dr. McGhie, in his pamphlet, claims the following advantages for oiled paper as compared with silk:—

1. *Economy.*—A sheet costs from one to two cents only.

2. *Transparency and lightness.*—Applied over a stump or other cut surface, when hemorrhage may be feared, the state of the part can be more readily seen. On account of its lightness, it is particularly useful in covering extensive burns.

3. *Adaptability.*—It can be nicely applied to any part, retaining the form impressed upon it. It is easily torn, while, at the

same time, it can be made of any required strength by doubling or trebling it.

4. *Safety.*—The great objection to oiled silk (or even to gutta percha sheeting), is, that the expense tempts us to use it over and over again; and in this way disease is propagated. There would exist no such temptation with oiled paper, as it could only be used *once*, and all risk of contagion in this way would be avoided.—*Boston Med. & Surg. Journal, Feb.* 20, 1862.

W. S. B.

CHLORIDE OF LIME AS AN INSECTICIDE.

In scattering chloride of lime on a plank in a stable, all kinds of flies, but more especially biting flies, were quickly got rid of. Sprinkling beds of vegetables with even a weak solution of this salt, effectually preserves them from the attacks of caterpillars, butterflies, mordella, slugs, etc. It has the same effect when sprinkled on the foliage of fruit trees. A paste of one part of powdered chloride of lime and one-half part of some fatty matter, placed in a narrow band round the trunk of the tree, prevents insects from creeping up it. It has even been noticed that rats and mice quit places in which a certain quantity of chloride of lime has been spread. This salt, dried and finely powdered, can, no doubt, be employed for the same purposes as flour of sulphur, and be spread by the same means.

—*Chem. News, London, from Dingler's Polytechnisches Journal.*

Book Notices.

American Journal of Opthalmology. Vol. 1., No. 1. By Julius Homberger, M.D., Editor and Proprietor. New York.

We have received the first number of this new Journal, devoted wholly to the consideration of diseases of the eye. It is a Monthly Journal of 48 pages, printed on good paper, and in good style, by Bailliere Brothers, 440 Broadway, New York. We cheerfully welcome it to our exchange list, and commend it to the patronage of the profession.

A Practical Guide to the Study of the Diseases of the Eye: Their Medical and Surgical Treatment. By Henry W. Williams, M.D., Fellow of the Massachussets Med. Society, Honorary Fellow of the Rhode Island Med. Society, Member of the American Med. Association, etc., etc. Boston: Tichnor & Fields. 1862.

This is a small sized octavo volume of 317 pages. The publishers have done their part of the work in excellent style; and though we have not had time to examine the contents of the work carefully, we have no doubt but it is a very valuable practical treatise. And from its conciseness, it will be found one of the most convenient, as well as reliable, works that the practitioner can obtain.

The following paragraph from the preface will convey a good idea of the work:—

"It has been the aim of the author to avoid encumbering his work, and confusing the reader, by the introduction of merely exceptional details,—by an account of every proposed but exploded mode of treatment, or by more than the most sparing use of the too learned technical designations which abound in ophthalmic literature; but he has endeavored to give clear and explicit descriptions of the usual forms of disease, so that the physician my be able to recognize, at once, their distinctive features,—and to define the course of treatment best adapted, in a majority of cases, to remove the morbid condition. Some affections, and certain phase of disease, of rare occurrence and trivial importance, will be merely alluded to; enough being said, however, to enable the reader to detect their character, as exceptional cases, and to allow him to consult other works, at his leisure, should he wish for complete information regarding them."

The book is for sale by S. C. Griggs & Co., of this city.

On Military and Camp Hospitals, and the Health of Troops in the Field. Being the results of a Commission to inspect the Sanitary Arrangements of the French Army, and incidentally of other armies in the Crimean War. By L. Bandens, Inspector and Member of the Council of Health, of the French Armies, formerly Surgeon-in-Chief, and first Professor of the Perfecting School of Val de Grace, &c., &c.

Translated and Annotated by Franklin B. Hough, M.D., late an Inspector of the U. S. Sanitary Commission. Bailliere Brothers, 440 Broadway, New York.

This is a neatly published volume of 260 small sized octavo

pages; and decidedly one of the most useful books that has been thus far called into existence by our present war.

It contains, in a concise and readable form, the results of sanitary measures, both good and bad, adopted by the French and English armies during the Crimean War. It should be carefully read by all who are intending to enter the medical department of our army.

THE DOMAIN OF MEDICAL POLICE. (Abstract of a Paper read before the New York Sanitary Association, Feb. 6, 1862.) By LOUIS ELSBERG, M.A., M.D.

This is a well written pamphlet of 16 pages, in which the writer sets forth the objects and advantages of a judicious Medical Police, for ferreting out and removing the causes of disease. We have room only, for the following paragraph in relation to *Quarantine*, viz.:—

"In the protection of localities, it is believed that the most desirable quarantine is a *dirt quarantine*. 'Annihilate or exclude *dirt*, *i.e.*, putrefiable animal and vegetable detritus, and no *migratory* or *malignant* morbific poison can sustain its existence even if its cause be imported to the spot!' Thus it is maintained that, by sanitary reform, ALL MALIGNANT EPIDEMICS ARE PREVENTABLE; and it is interesting to know that this has been proved, even as regards plague, once the most destructive of all pestilences, and looked upon as the very *type* of *contagion*! It has now, so to speak, died out in those cities of the East to which it was formely a *frequent visitant*, if not an endemic. Long ago it was finally excluded from all the parts of *Western Europe*, *not* by quarantine, but by improved *local* SANITARY ARRANGEMENTS! Its fountain-head, the great Oriental capital, *Cairo*, before the time of Mehemed Ali, many times lost tens of thousands of inhabitants by its visitations. From here it spread, devastating over Egypt and the world! The viceroy named, and his son, Ibrahim Pacha, (though unaware of the stupendously beneficial results of the undertaking,) removed the hills between Boulaq and the mouth of the Nile, and transformed an immense swamp in the heart of the city, and the *receptacle* of all its filth, into a park, (or olive and fruit-bearing pleasure garden—the 'Esbekiah.') Other local sanitary arrangements were enforced, and now CARIO (*and with it, all humanity*) IS FREE FROM PLAGUE!

ADVICE TO A MOTHER ON THE MANAGEMENT OF HER OFFSPRING. By PYE HENRY CHEVASSE, M.D. Fellow of the Royal College of Surgeons of England; Author of "Advice to a Wife on the Management of her own Health," etc. Reprinted from the sixth edition, by BAILLIERE BROTHERS, 440 Broadway, New York, 1862.

This is a small volume of 175 pages, very properly addressed to mothers. It is arranged in the form of questions and answers, and the most perfect simplicity of style is preserved throughout.

It embraces almost every topic, that can arise in the physical and mental management of children from birth to puberty. The directions of the author are so plain and judicious, that we commend the work strongly to the attention of parents and all others having the care of children. It might, also, be usefully consulted by many practitioners of medicine.

LONDON LANCET. This old and ever welcome foreign monthly for July, is on our table promptly, as usual; and well filled with interesting matter.

Editorial.

ARMY SURGEONS.—We receive many letters of inquiry in relation to the steps necessary to procure an appointment as surgeon or assistant-surgeon in the regiments of volunteers for the present war. For the information of all our readers, we state that it is necessary, first, to apply to the Governor of this State for permission to go before the Board of Medical Examiners for the State. Second, to pass a satisfactory examination by such Board, whose duty it is to give a certificate designating whether the candidate is recommended as an assistant-surgeon, or surgeon. Having passed the examination of the Board successfully, the candidate is elligible to appointment whenever a vacancy can be found in any of the regiments belonging to this State.

Such appointments will be much facilitated if the candidate

can obtain also, a recommendation from the colonel commanding the regiment in which the vacancy exists.

We are informed that the next regular session of the Medical Board for the examination of candidates, will commence in Springfield, Illinois, on the 4th of August next.

The call for 300,000 more men for the war, makes it necessary to organize a large number of new regiments in this State, with a corresponding number of new places for surgeons and assistants.

The experience of the past year has clearly demonstrated, that *two* medical officers, namely a surgeon and one assistant, are not sufficient for a regiment of volunteers, constantly engaged in active service. The authorities of some of the States, like those of Wisconsin, foresaw the insufficiency of the regular number, and consequently sent a second-assistant-surgeon with each of their regiments. This ought to be done by all the States, certainly with the new regiments now being organized. No policy can be more short-sighted or reprehensible than that of supplying an army with an insufficient number of medical officers, or an insufficient quantity and variety of medical stores.

Will not the Board of Medical Examiners for this State, who have intercourse and influence with the Governor and other military authorities, make a strong effort to have every new regiment from Illinois supplied with at least one surgeon and *two* assistants?

We would also urge all those members of the profession, who intend to seek appointments in the army, to procure and thoroughly read those works relating especially to army hygiene; or the best means of preventing disease. Many of our young physicians commit a great mistake. They connect with army duties only the idea of operative surgery, and hence, in their preparation, are more anxious about the details of anatomy and practical surgery than anything else. Of course, these branches should not be neglected; but all experience has shown that diseases caused by bad cooking, bad camping, bad and uncleanly habits, and bad air from faulty arrangements in camps and hospitals, kill *ten* soldiers for every *one* slain in battle. Let every

medical aspirant for army service study these matters with the utmost care.

CLINICAL CASES IN THE MEDICAL WARDS OF THE MERCY HOSPITAL.

Organic Disease of the Heart.—Anasarca, &c.—Mrs. C., a native of Ireland, aged about 40 years, was admitted to the Hospital four days since. The case well illustrates the extent to which disease may effect changes, both in structure and function. Three or four years since she first came under my observation at her own house. She was complaining of irregular action of the heart, difficulty of breathing, scanty urine, and œdematous extremities. Direct examination of the chest by auscultation and percussion, revealed the existence of a rough bellows murmur over the region of the aortic valves, and moderate hypertrophy of the heart.

Under the influence of sedative and diuretic remedies her symptoms were so far relieved that she passed from my care for a time. After a few months all the symptoms returned, but were again relieved by similar treatment. About one year has elapsed since I last saw her until she entered the hospital a few days since. When she was brought here her breathing was short and oppressed, her face pale and bloated, the whole exterior tissues of the body and limbs œdematous, and a large effusion into the cavity of the peritoneum.

The lower extremities were enormously swollen with serous infiltration into the cellular tissues; the skin from the foot to the knee very red and abraded in several places, while the top of the left foot was occupied by an extensive gangrenous slough, partially separated, and underneath filled with "maggots." The burning, scalding pain in the feet and legs was very severe. The case is interesting, as an illustration of the extensive changes that may take place in the blood and tissues from the long continuance of a simple structural lesion primarily limited to the valves of the aorta.

The prognosis was, of course, very unfavorable; there being no hope of doing more than to palliate the more severe symptoms.

For this purpose an effort was made to increase the secretion of the kidneys so as to lessen the watery element of the blood, and thereby diminish the general dropsical effusions. The object being simply to diminish the amount of water without impairing the strength of the patient, or increasing the metamorphosis of tissues, the diuretic chosen was a mixture of nitrous ether, ℥iss, and tincture of digitals, ℥ss; of which a fluid drachm was given every three hours. The lower extremities were placed in a horizontal position and the surface, so far as it was occupied by the erythematic inflammation which occasioned so much burning pain, was covered with an ointment containing 20 grs. of acatate of lead, and 10 grs. of sulph. morphine, to the ounce of simple cerate. The gangrenous portion of the top of the foot was thoroughly washed with a solution of chloride of zinc, 2 grs. to the ounce of water, which speedily destroyed both the offensive smell and the *maggots*, and facilitated the separation of the sloughs.

Under this treatment, aided by a mild but nutritious diet, her most distressing symptoms have been much relieved; but the evident organic changes which have long existed in the valves and muscular structure of the heart, and the consequent altered properties of the solids and fluids throughout the whole system, preclude even the hope of accomplishing more than temporary relief.

Syphilitic Ecthyma.—Mr. B., aged about 28 years; native of Germany, was admitted to the hospital about two months since, with the surface of the nates, perinium, and one groin thickly studded with pustules of ecthyma; and the scrotum covered with an eruption of chronic eczema. These eruptions had existed several months before his admission, during which time he had been subjected to a variety of treatment with but little apparent advantage. The dark red, or coppery hue of the areola around the pustules, together with the fact that he had had primary syphilis a few years previous, rendered it quite certain that the present eruption was influenced by that disease.

The thick, conical scabs had been detached from most of the

sores, making them have the appearance of ill-conditioned ulcers with elevated edges, and very painful.

But the scabs were left unbroken on a sufficient number to render the characteristic features prominent and easily recognized. There was not much general debility, and the digestive organs were in a healthy condition.

Treatment.—He was directed to take *ten* drops of Donovan's solution in sweetened water just before each meal, and at bedtime. To allay the pain and destroy the irritability of the ulcers, they were wet twice a day with an aqueous solution of tannin and opium; and in the interval dressed with an ointment of ammoniated mercury and simple cerate.

It was soon rendered apparent, however, that all applications in the form of ointments only aggravated the cutaneous eruption. They were consequently dispensed with, and the surface kept covered with a cloth, wet in a solution of sulphate of iron, 5 grs. to the ounce of water. A few of the larger ulcers were touched once or twice with the solid nitrate of silver. Under this treatment the eczemous eruption on the scrotum rapidly disappeared, but the improvement in the ecthymous pustules and ulcers was slow. When he had taken the Donovan's solution about two weeks, his gums and breath began to exhibit all the characteristic symptoms of mercurial action. Its use was then restricted to one dose of ten drops every night; but in a few days the mouth became so sore and the breath so offensive, that it was omitted altogether, and the following substituted in its place, viz.:—

℞. Fluid Ext. of Conium, ... ℥jss.
Fluid Ext. of Stillingia, ... ℥jss.
Iodide of Potassa, ... ℥jj.

Mix, and take a teaspoonful before each meal and at bedtime.

Under this treatment, with a continuance of the local application of the solution of sulphate of iron, the ulcers and pustules began to cicatrize more rapidly, and are now, ten weeks after admission into the Hospital, quite well.

Many have supposed that the internal use of Donovan's solution would not produce mercurial salivation. But it certainly

produced that effect in the present case, after having been used only about two weeks. Whether the patient was *peculiarly* susceptible to the influence of mercurials generally, I do not know.

Chronic Diarrhœa.—Rubeola, &c.—A. B., an orphan boy, aged about 10 years, was presented to the Clinical class, July 21st, 1862. He was slender, thin in flesh, face and lips pale, skin cool, tongue clean, pulse moderately accelerated, soft, and small. His bowels were loose, having had, during the last four or five days, from three to six thin, brown, or greyish-brown stools per day, with loss of appetite and strength, but without much pain. Several of the lymphatic glands, behind the angle of the jaw, and along the margin of the sterno-cleido-mastoid muscle, were enlarged and slightly tender to the touch.

The patient had passed through a regular ordinary attack of rubeola or measles, commencing about two weeks previous.

There was nothing in the appearance of the present patient to mark it as one of any interest or importance; and yet the class were reminded that it was a good sample of a class of cases, of not unfrequent occurrence, and which by neglect or bad treatment sometimes lead to pathological changes of the most serious nature. Diarrhœa, depending on a low grade of irritation of the mucous membrane of the ileum and colon, is a common occurrence during the decline of the eruptive stage and the early convalescence of measles and scarlet-fever. In most cases this diarrhœa continues only a few days, and ceases spontaneously without attracting any attention; but if the patient is naturally delicate in organization, or hereditarily predisposed to scrofula, the irritation of the mucous membrane becomes more persistent.

The mesenteric glands connected with the effected portion of mucous membrane soon partake of the same grade of excitement, leading to increased vascularity and tumefaction of those glands. This increased vascularity is soon followed by the deposit of matter either plastic or ca-coplastic (scrofulous), and permanent enlargement.

This state of the glands interferes with the further absorption

and assimilation of chyle, consequently the fœcal evacuations remain unhealthy, emaciation steadily progresses, and in from three to six months all the phenomena of marasmus or tabes mesenterica, are fully developed.

In persons more nearly the age of puberty, an attack of measles is often followed by the same grade of irritation in the mucous membrane of the respiratory passages, perpetuating a troublesome cough, and the slow formation of deposits, either scrofulous or tuberculous, in the bronchial glands and sometimes in the tissue of the lungs. Ultimately the patient presents all the symptons and results of ordinary consumption. Such are the very serious consequences which often result from the neglect of that simple and apparently mild grade of irritation in the mucous membranes and glands presented by the patient before us.

Hence it is a matter of much practical importance, to understand the nature and tendencies of these cases early, that appropriate treatment may be resorted to before the more serious pathological changes have taken place.

In selecting remedies for the treatment of the child before us, it is necessary to keep the objects to be accomplished clearly in the mind. These objects are: 1st, to allay the irritability or morbid sensitiveness of the mucous surfaces, both pulmonary and intestinal; 2nd, to increase the general tone of the capillaries and maintain a free action in those organs through which effete matter is rejected from the system, especially the kidneys; 3d, to diminish the frequency of the intestinal discharges.

The first and last of these objects may be accomplished by almost any combination of anodyne and astringent remedies, such as an opiate with acetate of lead, tanin, kino, or any other pure astringent.

Every observing practitioner has learned that these combinations not only allay the irritation of the mucous membranes, and lessen the discharges from the bowels, but the are liable to diminish, also, secretory action generally, and thereby lessen the elimination of urine and other effete matter to an injurious extent. Hence we prefer to combine the opiate necessary for

allaying the irritation with such agents as will improve the general tone of the capillaries and increase secretion, especially from the kidneys. Either of the following formulæ will meet the indications perfectly:—

℞. Ol. Terebinth..... ℥ij.
Tinct. Opii.,..... ℥ij.
Pulv. G. Acaccia,..... ℥iij.
Sacchar. Alba,..... ℥iij.

Rub together and add

Mint Water,.....℥ij.

Mix, and give to the patient before us half a fluid drachm three times a day.

Or, ℞. Aromat. Sulph. Acid,..... ℥ij.
Sulph. Magnesia,..... ℥ij.
Tinct. Opii.,..... ℥ij.
Water,..... ℥ij.

Mix. Dose the same as the preceding.

Or, ℞. Erigeron (Fleabane),..... ℥j.
Tannate of Quinine, ...20 grs.
Sulph. Morph.,..... 1 gr.

Mix, make an infusion in a pint of boiling water. When cold, give from one to two fluid drachms every three, four, or six hours according to the frequency of the discharges. These combinations are not only applicable to the treatment of such cases as the one under consideration, but we have used them for a number of years, with great satisfaction, in the treatment of the second stage of cholera morbus, cholera infantum, and the common summer complaints of children.

Medical Department of Lind University.—The fourth annual announcement of this institution has been laid on our table. The changes which have occurred in the faculty were duly noticed in a previous number of the Examiner. The announcement affords evidence of a very gratifying degree of prosperity on the part of this department of the university. The next regular annual lecture term commences on the second Monday in October and closes on the first Monday in March following.

There is now present an excellent class of students attending the clinics and examinations of the summer course, and the prospects for the coming term are good.

Two Assistant-Surgeons.—Since the first editorial article was written, we notice with much pleasure that our State authorities have directed *two* assistant-surgeons for each Illinois regiment.

SELF-APPLYING SPONGE PESSARY.

To the Editor of the Lancet:—

Sir:—Though old, I am not dead yet; and, in relinquishing the practice of my profession, which I have exercised for the space of forty-four years in the metropolis—*nec ignotus, nec ignorus*—I wish to leave in your pages another record of my devotion to that branch especially which has reference to maladies afflicting the other sex.

Under the name of "Self-applying Sponge Pessary," I desire to make known a very simple contrivance by which uterine prolapsus (unless of a very aggravated form) can be effectually supported with the greatest ease, without the manual interference of a medical attendant.

Sponge pessaries have ever been in favor with the patients themselves, for many obvious reasons: amongst others, their pliability—the complete manner in which they apply themselves to the vagnia imparting a feeling of support, and further, the facility they afford of preserving cleanliness by means of injections with the improved female syringe. But if the sponge is of a large size, it is not readily inserted by the ordinary process. Now the object of my contrivance is to facilitate the latter operation by the patient herself.

That contrivance consists, first, of a conveying tube, four inches and a-half in length; and, secondly, of a slender stem, intended to bear the sponge. Both are made of the finest and lightest turned ivory, having a high polish. The diameter of the tube is one inch (or one inch and a-half if a larger sponge be required) at the upper end; and one inch, half an inch, or three-quarters of an inch, as may be, at the lower end. Here there are two semi-oval pieces on the ivory walls cut out, opposite one another, an inch high; the remaining edges of this end of the tube being slightly turned outwards, so as to afford a hold for the fingers for pulling the tube out. The tube so con-

structed not inaptly reminds one of Recamier's speculum, and might, on occasion, be employed as such, as I have done.

A sponge of the finest texture, and oval, about the size of a pullet's egg (when dry), is firmly sewn on a round and slender ivory washer, half an inch in diameter, perforated with holes for the needle to pass through, and having moreover a female screw in the centre, into which the ivory stem is screwed when the instrument is to be introduced. This arrangement allows the same stem being employed with two, three, or more sponges similarly secured on their respective ivory washers, whereby great facility is afforded of changing the pessary daily or more frequently, for the sake of cleanliness and comfort. The sponge and the stem thus combined constitute the pessary, the introduction of which by the patient herself is effected in the following manner:—

The stem, bearing the sponge, being introduced by its free end into the upper or narrower part of the tube, is gradually pushed down towards the wider or lower end until the sponge itself disappears almost entirely, leaving only a very small, round segment visible. By moistening the sponge and compressing it, this manœuvre becomes easy of accomplishment. The patient next separates the labia with her left hand, and introduces with the other the instrument by its smaller end into the vagina, either in a standing or sitting posture, pushing it first somewhat backward and then upwards, until the everted edges touch the labia. In this position she applies one or two fingers to the small, round knob which terminates the stem, and holds it firm in its position; while with the fingers of the right hand she withdraws, by means of the everted edges, the tube from the vagina—an operation greatly facilitated by the presence of the two semi-oval cuts. The pessary will now remain in its place without wabbling or falling; but it may further be secured, if so desired (though there is little occasion for it,) by passing a staylace through a hole made for that purpose in the small end knob of the stem, and fastening the same to a belt or a napkin.

To withdraw the instrument the patient, standing and bending forward, has only to pull the stem by the knob with the staylace, or even without it, at first straight downwards, and next by bringing the stem more towards the abdomen. In every case in which I recommended such a contrivance among patients capable, from their position in society, to appreciate the boon, the result has been most successful. The feeling of confidence and support experienced by the patient has been universally

acknowledged. Mr. Weiss, instrument-maker, to whom I made over one of the instruments manufactured under my direction for the information of the profession, has kindly undertaken to have others made after the pattern, and keep them ready for use.

I remain, Sir, your obedient servant,

A. B. GRANVILLE, M.D., F.R.S.

Curzon-street, May-fair, July, 1862.

THE TREATMENT OF ANEURISM.

To the Editor of the LANCET:—

SIR:—Since much important information relative to the treatment of aneurism has appeared in the *Lancet*, may I make so bold as to request you, should you think it worthy a place in your journal, to insert the following suggestion relative to the treatment of aneurism—a suggestion which I trust may lead in many cases to the abandonment of ligature, and fill up the gap which appears to me to exist between the simpler forms of treatment, such as by pressure and forcible flexion, and the extreme one by ligature—viz.: to cut down upon the artery, and to so far separate its coats from the surrounding structures as to enable the operator to control the circulation through the vessel by a small pair of compress forceps, electro-plated, with a good firm spring, and slightly roughened on their approximate surfaces so as to prevent them slipping from the vessel. By this means the circulation might be as effectualy stopped as by the ligature, and the necessity of separating the vein from the artery (which in cases of the femoral artery is the chief obstacle to the operation) done away with. The forceps should be left in the wound, and secured by plaster, till the cure is effected. I do not think any more serious consequences would follow such a proceeding than would follow the ligature, and it would have the advantages—1st, facility in the operation; 2ndly, avoid the separation of the vein; 3rdly, the forceps could be removed at any moment, should it be found necessary to do so. In those cases of internal piles, where their removal by the knife is prevented by the fear of subsequent hemorrhage, I am of opinion that the compress forceps applied to the base of the pile might be used instead of the ligature to restrain the bleeding, and could be removed after ten, twelve, or more hours after the operation, without any fear of bad results.

I am very glad to see in one of your late numbers a proposal for the removal of embolon. Perhaps I may be allowed to state that I have held the opinion that a fine suture might be applied

to the coats of both arteries and large veins in cases of accidental wounding during operation, or from other accidental causes, such as puncture by penknife, etc. We cannot possibly know how an operation may succeed until it is tried. Should a case of aneurism come under my notice, and the simpler methods fail to afford a cure, I shall attempt its cure by the compress forceps.

Hoping that I have not suggested an impracticable operation, and with the desire to supply a link in the chain of operations for aneurism. I am Sir, your obedient servant,

AUGUSTUS BROWN, M.R.C.S.

Minerva-terrace, Barnsbury-park, Islington, June, 1862.

THE POISON OF THE ADDER.—Dr. Edwin Bishop, of Moreton Hampstead, Devon, in a letter to *The Times*, makes the following suggestion:—

"The remedy for the bite of an adder, and indeed all poisonous snakes, is simple. It has been proved by experiment, over and over again, that poisons of this character are harmless when applied to a mucous service, and quantities have been swallowed without producing any ill-effect. The bite, nine times out of ten, is in some part of the hand, and immediately it is felt the wounded part should be well sucked by the mouth, and a piece of string tied tight round the finger or the wrist (according to the seat of the bite) to prevent the poison from being absorbed into the system. If this simple plan was generally known and acted upon, death or injury from the bite of an adder would be rare indeed."

In cases of dissecting wounds, and of hydrophobia, this plan might also be adopted, and in many instances would prevent the poison entering the system.

ACETATE OF POTASH IN GONORRHŒA.—Dr. Betoldi states in the May number of the *Annali di Medicina*, that he has had much success with this salt in gonorrhœa, given in doses of about one drachm a day. The author seems to look upon this medication as novel, and is probably not aware that acetate of potash has for some time been given in this country in cases of gonorrhœa, with variable results.

A HUMAN SALAMANDER.—A curious exhibition takes place every evening at the corner of the Rue Ville Just and the Avenue de St. Cloud, Paris. In a small field there situated a wooden house, covered with pitch and other combustible matters, is

erected daily, and set fire to at about eight o'clock each evening. A man jumps into the midst and pulls down blazing rafters, which he carries away. This salamander can stay in the fire from five to seven minutes. His clothes are said to be made of asbestos, covered with sponges freely imbued with some chemical preparation.

Ophthalmia.—The new species of ophthalmia which startled the French physicians a few weeks ago in the garrison of Vincennes, is more extensively spread than was at first supposed. The soldiers whose optic nerves become paralysed the moment the sun goes down are not to be found in that locality alone. The disease has appeared with great virulence at Strasburg and other places, and has much embarrassed the faculty. Perfect vision returns in the morning, but at sunset the patients again lose their sight. The most searching investigation is being made as to its cause and cure.

The Hairless Men of Australia.—Their exists beyond the Balonne River, Western Australia, a race of men entirely destitute of hair on any part of their bodies. They appear to be of Mongolian or Chinese origin.

Test for Poisonous Paper-Hangings.—Common spirits of hartshorn or armmonia is a very sure and easy test for arsenic. On application, the beautiful but dangerous green turns to a decided blue.

L'Union Medicale gives the following catalogue of diseases under which the Grand Monarch, Louis XIV., suffered at various times of his life. The facts are obtained from observations made by his physicians, Vallot, D'Aquin, and Fagon. The king appears to have had his share of human bodily infirmities. "At seventeen, he caught a violent blennorrhœa. Some time afterwards, he narrowly escaped falling a victim to confluent small-pox. He next suffered from a scirrhous induration of the breast. At Calais he caught a putrid fever; and afterwards had the measles, dysentery, odontalgia, arthritis, abscess in the left armpit, and fistula in ano. Besides this, Louis XIV. had an anthrax in the neck. Moreover, all the teeth in his upper jaw were extracted, in consequence of a fistulous opening in this bone, which made a communication between the mouth and the nose, so that liquids escaped by the nose, the royal nasal mucosities giving off a cadaverous odor. Lastly, he is represented as having been bled forty-four times, as having had fifty lavements, and swallowed two hundred and eleven purgatives. Gouty, podagrous, and afflicted with gravel during many years,

this lofty individual at last perished of gangrena senilis."—*Brit. Med. Journal.*

Brigade-Surgeon Adam Hammer is ordered to report to the Medical Director at St. Louis for duty in charge of one of the general hospitals in that city.

Assistant-Surgeon Harrison Allen, Medical Cadet F. G. H. Bradford, and Hospital Stewards McManus and Austen will report in person to Surgeon Letterman, Medical Director of the Army of the Potomac, for duty.

Surgeon Mitchell, 1st Maryland Volunteers, will report for duty to Surgeon McVarlin, Menical Director of Gen. Pope's command.

Surgeon Parker, U. S. Army, will repair to Chicago to relieve Brigade-Surgeon Blaney, in his duties as Medical Purveyor, the latter to report to the Surgeon-General.

Surgeon William Whela, to be Chief of the Bureau of Medicine and Surgery.

Theoron Woolverton, of New York, to be Assistant-Surgeon in the Navy.

J. H. Boucher, of Iowa, to be Brigade-Surgeon of Volunteers.

The following were confirmed as Assistant-Surgeons in the United States Army:—Wm. H. Keene, of Pennsylvania, Geo. L. Porter, of Pennsylvania, David S. Huntington, of Pennsylvania, T. W. Williams, District of Columbia, Charles M. Colton, of Virginia, T. M. Brown, of Ohio, Charles S. Degraw, of New York, Edward C. Strode, of Illinois, Andrew H. Smith, of New York, and Van Buren Hubbard, of Ohio.

Brigade-Surgeon Lecompte has been ordered to repair to Chester, Penn., to take charge of the general hospital at that place.

Brigade-Surgeon C. L. Allen is ordered to report to the Surgeon-General as a member of the Board for the Examination of Surgeons of Volunteers.

Brigade-Surgeon A. B. Crosby, late Medical Director Peck's Division, one of the most talented and energetic medical officers in the army, has resigned, and will return home immediately. Ira Perry, Contract-Surgeon, has been assigned to the 2d R. I., as Act.-Asst.-Surgeon. J. G. Strowbridge to the 39th Ill.; J. W. Hinchley to the 13th Ind. Drs. Sargent, M'Collister, and Pierce to the batteries under command of Major West.

Brigade-Surgeon D. H. Prince and Surgeon H. Jewitt, of the 10th Mass., remained with the wounded after the battle of Malvern, are still in the hands of the enemy. Surgeon M. S. Killenger of the 100th N. Y. remained with his wounded on the Chickahomony, and is a prisoner.—*Am. Med. Times.*

PHARMACEUTIC GRANULES AND DRAGEES,

SUGAR-COATED PILLS

OF

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MEMBERS OF THE COLLEGE OF PHARMACY, OF PARIS.

These Granules and Dragees are recognised, both in Europe and in the United States, as the most reliable way of dispensing valuable medicines. Physicians will find many worthless imitations, and they must be careful to see that the Pills dispensed by the Druggist are made by Messrs. GARNIER, LAMOUREUX & Co., Members of the College of Pharmacy, Paris. The following are some of the principal preparations:

DRAGEES.

	U.S.P.
Aloes and Myrrh	4 grains.
Compound Cathartic	3 "
" "	1½ "
Aloetic	4 "
Assafœtida	4 "
Aloes and Assafœtida	4 "
Dinner, Lady Webster's	3 "
Comp. Calomel, Plummer's	3 "
Blue Pills	3 "
Opium Pills	1 "
Calomel Pills	2 "
Opium et acet. Plumb, each	1 "
Extract of Rhatany	2 "
Compound Rhubarb	3 "
Compound Colocynth	3 "
Compound Squills	4 "
Dover Powders	3 "
Carbonate Iron, Vallet's formula	
Carbonate of Manganese and Iron	
Kermes	1-5 "
Santonine	½ "
Bi-Carbonate of Soda	4 "
Magnesia and Rhubarb, each	1 "
Meglin	1 "

	U.S.P.
Cynoglosse	1 grain.
Quevenne's Iron, reduced by Hydrogen	1 "
Proto-Iodide of Iron	1 "
Lactate of Iron	1 "
Sulphate of Quinine	1 and 2 "
Valerianate of Quinine	1 "
" Zinc	1 "
" Iron	1 "
Citrate of Iron and Quinine	2 "
" Iron	2 "
Willow Charcoal	2 "
Diascordium	2 "
Anderson's Anti-bilious and Purgative	2 "
Extract of Genitan	2 "
Iodide of Potassium	2 "
Calcined Magnesia	2 "
Rhubarb	2 "
Ergot, powder covered with sugar as soon as pulverized	2 "
Phellandria Seed	2 "
Washed Sulphur	2 "
Sub-Nitrate of Bismuth	2 "
Tartrate of Potassa and Iron	2 "

GRANULES.

Of 1-50 of a grain each.

Aconitine, Arsenious Acid, Atropine, Digitaline,
Morphine, Strychnine, Valerianate of Atropine, Valratrine.

Of 1-5 of a grain each.

Tartar Emetic, Codeine, Conicine,
Extract of Belladonna, Extract of Hyosciamus, Extract of Ipecac,
" Opium, Proto-Iodide of Murcury.

Lupuline	½ grain.
Extract Nux Vomica	½ "
Veratrine	1-24 "
Sulphate of Morphine	⅛ "
Corrosive Sublimate	1-12 "
Nitrate of Silver	⅛ "
Extract of Hyosciamus	½ "
Extract Rad. Aconite	¼ grain.
Emetine	¼ "
Iodide of Mercury	⅛ "
Valerianate Morphine	⅛ "
Acetate Morphine	⅛ "
Digitaline	1-24 "
Strychnine	1-12 "

Colchicum (each granule equal to two drops of tincture.)

DRAGEES.

Copaiba, pure solidified, Copaiba and Cubebs, Copaiba, Cubebs and Citrate Iron,
Cubebs, pure, Cubebs and Alum, Cubebs, Rhatany and Iron.

To be had at the principal Druggists.

Sole Agent For United States, F. A. REICHARD,

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